Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM ~~081208~~ 8269

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT--" for such proposals.)

7. UNIT AGREEMENT NAME:

1. OIL WELL [X] GAS WELL [ ] OTHER

8. FARM OR LEASE NAME: Hospah

2. NAME OF OPERATOR: Tenneco Oil Company

9. WELL NO.: 6

3. ADDRESS OF OPERATOR: 720 So. Colorado Blvd., Denver, Colorado 80222

10. FIELD AND POOL, OR WILDCAT: South Hospah

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 330' FNL and 330 FEL, Unit

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec ~~6~~ 12, T17N, R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 6953' KB

12. COUNTY OR PARISH: McKinley

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE	X	ABANDON*		SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS		(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

1. MIRUPU, Pull rods, pump and tubing
2. Breakdown perfs with circulation washer and 500 gallons 15% MCA
3. Swab back load
4. Re-run rod pump and test
5. Install larger lift capacity as required.

RECEIVED
JUL 30 1973
OIL CON. COM.
DIST. 3
GEOLOGICAL SURVEY

18. I hereby certify that the foregoing is true and correct

SIGNED Carolyn Tatham TITLE Administrative Supervisor DATE 7/13/73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side