

MAY 1968

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NEED NOT BE FILLING IN
(Other instructions on reverse side)

Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-081208

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.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER		7. UNIT AGREEMENT NAME Hospah	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		9. WELL NO. 6	
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		10. FIELD AND POOL, OR WILDCAT South Hospah	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8, T17N, R9W	
15. ELEVATIONS (Show whether DF, RT, CR, 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:

TEST WATER SHUT-OFF

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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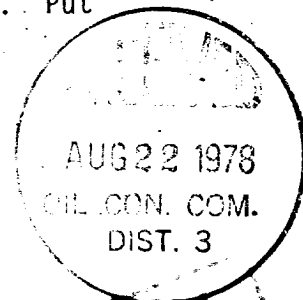
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

7-23-78

RUPU. POOH w/rods and tbg. RIH w/pressure washer and tested to 1200 psi. OK. Washed perfs w/500 gals. 15% MCA @ 2 BPM @ 200 psi. Pulled above perfs and washer tested OK to 1200 psi. Overdisplaced with water. Swabbed back 50 bbls. of acid water.

Swabbed 15 bbls. of acid water. POOH w/tbg. and pressure washers. RIH w/2-1/4" tbg. pump, tbg., and rods. Put on pump.



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

SIGNED

TITLE: Administrative Supervisor

DATE

8/10/78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOC