

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Hospah	
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado		9. WELL NO. 7	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FNL, 330 FEL, Lot 4		10. FIELD AND POOL, OR WILDCAT South Hospah Lower Sand	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, OR, etc.) 6958 Gr.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12, T-17-N, R-9-W	
		12. COUNTY OR PARISH McKinley	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

Spud 6/4/67. Drld to 45', ran 1 jt 10-3/4" casing at 45'. Cmtd w/75 sx cmt. Cmt Circ. WOC. Drld to TD 1750 on 6/5/67. Ran logs, and ran 55 jts 7" 20# casing to 1713. Cmtd w/130 sx cmt. WO Cmt. Rel rig 6/6/67. WO Comp.



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

SIGNED M. K. Wagner
M. K. Wagner

TITLE _____

DATE June 7, 1967

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

5 USGS
1 File

*See Instructions on Reverse Side