

DEPARTMENT OF THE INTERIOR (Other Side)
GEOLOGICAL SURVEY

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 ☐		5. LEASE DESIGNATION AND SERIAL 90-081200-7m 8269
2. NAME OF OPERATOR Tenneco Oil Company		7. UNIT AGREEMENT NAME Lower Hospah
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 ' FM and 330 ' FEL		9. WELL NO. 7
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Lower Hospah
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6958' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T17N, R9W
		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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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 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.)*

We propose to make additional perforations in the Lower Hospah as follows:

1. MIRUPU and pull production equipment.
2. Perforate 4 JSPF from 1614' - 1626'.
3. Breakdown perfs. with 300 gallons of 15% MCA.
4. Swab back load.
5. Rerun production equipment.
6. Clean location of all debris.
7. No new surface disturbance will be caused by this workover.



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

SIGNED D. D. Meyer

TITLE: Div. Production Manager

DATE 12-15-77

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side