

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 Lower Hospah	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Hospah	
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155		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		10. FIELD AND POOL, OR WILDCAT South Hospah Lower Sand	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T17N, R9W	
15. ELEVATIONS (Show whether DF, ST, CR, etc.) 6958' GR		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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
(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.)*

06/11/84: MIRUSU POOH w/tbg & pmp.

06/12/84: Perf lower Hospah as follows w/4" premium charge csg gun, 1609' to 1627', 4 JSPF, 18' for a total of 72 holes. PU into perfs. Selectively acidized 1609-1627 w/20 bls of 15% FE acid. POOH to 1604'. Press tst tool. Press tst o.k. TOOH w/tbg. RIH w/SN on 2-7/8" tbg.

06/13/84: Swab acid back, Lost swab cup in tbg. TOOH w/tbg. Retrieve swab & S/N. Swab acid back.

06/14/84: RIH W/tbg. & pump. RDMOSU.

RECEIVED
JUN 28 1984
OIL CON. DIV.
DIST. 3

RECEIVED

JUN 25 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED

[Signature]

TITLE Senior Regulatory Analyst

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

NMOCC

*See Instructions on Reverse Side

JUN 27 1984

FARMINGTON RESOURCE AREA