SUBMIT IN TRIPLICATE*

(Other instructions on reverse side)

	Budget Bureau	l. No.	42-R142
, _	631	_	

UNITED STATES

	DEPARTMENT	OF THE IN	ITERIO	3			5. LEASE DESIGNATION	200/3
		GICAL SURVE					NM 081208	. AND BERIAD RO.
APPLICATION	N FOR PERMIT	O DRILL. D	EEPEN.	OR F	PLUG B	4CK	6. IF INDIAN, ALLOTTE	E OR TRIBE NAME
1a. TYPE OF WORK	LL 🖸	DEEPEN [UG BAC		7. UNIT AGREEMENT 1	NAME
b. TYPE OF WELL	AS 🗀		SINGLE	K	MULTIPL	• 🗀	8, FARM OR LEASE NA	ME
WRLI. W 2. NAME OF OPERATOR	KLI, U OTHER		ZONE	<u> </u>	ZONE		Hospah	
	il Company						9. WELL NO.	
3. ADDRESS OF OPERATOR	<u> </u>						#9	
	1714, Durango,					j	10. FIELD AND POOL,	
4. LOCATION OF WELL (R	eport location clearly and	in accordance with	any State	equireme	ents.*)		So. Hospah	
	220	17NT 2051 1	ruu Tuu			Ÿ	11. SEC., T., B., M., OR AND SURVEY OR A	BLK. Rea
At proposed prod. zon	le 330	FNL, 2051		Lett	er "B"	:	Sec. 12, T-	17-N. R-9-W
14. DISTANCE IN MILES	AND DIRECTION FROM NEAR	BEST TOWN OR POST					12. COUNTY OR PARISE	
						÷	McKinley	New Mexic
15. DISTANCE FROM PROPULOCATION TO NEAREST PROPERTY OR LEASE I	r .ine, ft.		16. NO. OF	ACRES IN	LEASE		HIS WELL 40	* .
(Also to nearest drig. unit line, if any) 18. DISTANCE FROM PROPOSED LOCATION® TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.				OO DEPTH		20. вота	Rotary	. •
21. ELEVATIONS (Show who 7006 GR	ether DF, RT, GR, etc.)		 -				22. APPROX. DATE W February 2	
23.	I I	PROPOSED CASING	G AND CE	MENTIN	G PROGRA	M.	······································	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOO	or	SETTING 1	DEPTH		QUANTITY OF CEME	INT
12-1/4	9-5/8	32.4#		90		; C	mt to surface	
8-3/4	7	23#		1700		1	50 sx minimum	
as sho conduc	n to drill to a wn above, compl t potential tes	ete as an o	EB 23 L CON. DIST.	967 COM	roducti	ve;	RECEIV FEB 21 15 U. S. GEOLOGICAL F. RMINGTON, N	1. Maria
zone. If proposal is to preventer program, if an 24.	drill or deepen directions	ally, give pertinent	data on sub	surface l	locations and	i measure	d and true vertical dept	ns. Give blowout
signed Harold	C. Nichols	hold titl	Senio	r Pro	duction	Clerk	DATE Febr	uary 20, 19
/mbis ansas for Wada	-cl or State office real					- 1		

5 USGS, Farmington

l File

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY _

*See Instructions On Reverse Side

TITLE .

APPROVAL DATE

12 E

NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACERAGE DEDICATION PLAT

				Lease HOSPAH		Well N	√o. • • • • • • • • • • • • • • • • • • •
TENNECO OI	IL COMPANY Section	Townsh		Range	i County		7
it Letter B	12		7 North	9 West	McKinley		
ual Footage Loc	ation of Well:		<u> </u>				
330	feet from th	NOI	th line and		feet from the East		
und Levei Elev.		ing Formation		Pool	ah Tarram Cami	Dedicated Avera	70
			Lower Sand		ah Lower Sand	· · · · · · · · · · · · · · · · · · ·	40 Acres
. Outline the	acerage dedi	cated to the	subject well by	colored pencil or l	nachure marks on the I	plat below.	
		معفوما أحماس	d to the well o	outling each and i	dentify the ownership	thereof thath as	to working
nterest and ro		is denicated	10 the well, c	Julinie Edel: Und II	dentity the ownership	thereof (both 03	to working
				edicated to the we	ll, have the interests of	of all owners been	consolidated
y communitiz	ration, unitize	ation, force-	-pooling, etc:				
) Yes () No	If answer	is "yes_" type	of consolidation			
				ns which have acti	ually consolidated. (U	se reverse side of	this form if
ecessary.)							•••••••
					solidated (by commu	initization, unitizat	tion, forced-
∞ling, or oth	ierwise) or un	itil a n <mark>on</mark> sta	ındard unit, elir	ninating such trite	ers nas seen approv	ed by the Commiss	ion.
		··-		/ KLU	LIYED \		
				/		CERTIFICAT	TION
				FER?	3 1967		
				1		by certify that the inf	ormetion contained
			·02′	OHL CC	NI COM. herein is	by certify that the inf true and complete to	
		56	82'	OHL CC	NI COM. hereit is		
		56	82'	OHL CC	NI COM. hereit is	true and complete to	
		56	82'	OHL CC	ON: COM. l hereit is knowledge	true and complete to and belief.	o the best of my
			82'	OHL CC	NI COM. hereit is	true and complete to and belief. Harold C.	n the best of my
+		56	82'	OHL CC	ON: COM. herein is knowledge	true and complete to and belief. Harold C.	n the best of my
+			82'	OH. CC 205/	Nome Name Position	true and complete to and belief. Harold C. Senior Pro	n the best of my
		56	82'	OH. CC 205/	ON: COM. herein is knowledge	true and complete to and belief. Harold C. Senior Pro	Nichols
	_ -	56	82'	OH. CC 205/	Name Position	true and complete to and belief. Harold C. Senior Pro	Nichols oduction Cle
			82'	OH. CC 205/	Name Position	true and complete to e and belief. Harold C. Senior Pro	Nichols oduction Cle
			82'	OH. CC 205/	Name Position Company	true and complete to e and belief. Harold C. Senior Pro	Nichols oduction Cle
		- + - + - + -	- +	OH. CC 205/	Name Position Company	true and complete to e and belief. Harold C. Senior Pro	Nichols oduction Cle
		56 	12	OH. CC 2051	Name Position Company Date	true and complete to and belief. Harold C. Senior Pro Tenneco O: February	Nichols oduction Cle il Company 20, 1967
		- + - + -	12	OH. CC 2051	Name Position Company Date	true and complete to and belief. Harold C. Senior Pro Tenneco O: February	Nichols oduction Cle il Company 20, 1967
		- + - + -	12	OH. CC 2051	Name Position Company Date	true and complete to and belief. Harold C. Senior Pro Tenneco O: February	Nichols oduction Cle il Company 20, 1967
		- + - + -	12	OH. CC 2051	Name Position Company Date N surveys a	true and complete to and belief. Harold C. Senior Pro Tenneco O: February by certify that the well was plotted from field and by me or under the	Nichols Oduction Cle il Company 20, 1967
		- + - + -	12	OH. CC 2051	Name Position Company Date I here this plat surveys in that the	true and complete to and belief. Harold C. Senior Pro Tenneco O: February	Nichols Oduction Cle il Company 20, 1967
		- + - + -	12 - RO	NEW MERT	Name Position Company Date I here this plat surveys in that the knowledge	true and complete to and belief. Harold C. Senior Pro Tenneco O: February by certify that the well was plotted from field and correct and belief.	Nichols Oduction Cle il Company 20, 1967
		- + - + -	12 - RO	OHL CO	Name Position Company Date I here this plat surveys in that the knowledge	true and complete to and belief. Harold C. Senior Pro Tenneco O: February	Nichols Oduction Cle il Company 20, 1967
		- + - + -	12 RO NO	OH. CC 205/ 205/ NEW PINST 2463	Name Position Company Date I here this plat surveys in that the knowledge	Harold C. Senior Pro Tenneco O: February by certify that the well was plotted from fiel made by me or under a same is true and correct and belief. Tuary 1967	Nichols Oduction Cle il Company 20, 1967
		- + - + -	12 RO NO	OHL CO	Name Position Company Date I here this plat surveys in that the knowledge 20 Ja.	Harold C. Senior Pro Tenneco O: February by certify that the well was plotted from fiel made by me or under a same is true and correct and belief. Tuary 1967	Nichols oduction Cle il Company 20, 1967
		- + - + -	12 RO NO	OH. CC 205/ 205/ NEW PINST 2463	Name Position Company Date I here this plat surveys in that the knowledge 20 Ja Registere	Harold C. Senior Pro Tenneco O: February by certify that the well was plotted from fiel made by me or under a same is true and correct and belief. Tenneco O: February A Professional Enginee	Nichols Oduction Cle il Company 20, 1967 I location shown on the notes of octuol my supervision, and it to the best of my
		- + - + -	12 RO NO	OH. CC 205/ 205/ NEW PINST 2463	Name Position Company Date I here this plat surveys in that the knowledge 20 Ja Registere	Harold C. Senior Pro Tenneco O: February Tentre of that the well was plotted from fiel mode by me or under a same is true and correct and belief. Tuary 1967	Nichols Oduction Cle il Company 20, 1967
		Sec.	12 - R R R R R R R R R R R R R R R R R R	OH. CC 205/ 205/ NEW PINST 2463	Name Position Company Date I here this plat surveys in that the knowledge 20 Ja Registere and/or L	Harold C. Senior Pro Tenneco O: February by certify that the well was plotted from fiel made by me or under a same is true and correct and belief. Tenneco O: February A Professional Enginee	Nichols Oduction Clo il Company 20, 1967 I location shown or it notes of octuo- my supervision, and it to the best of my
6/16/9/		- + - + -	12 - R R R R R R R R R R R R R R R R R R	OH. CC 205/ 205/ NEW PINST 2463	Name Position Company Date I here this plet surveys in that the knowledge 20 Ja Date Sur Registere ond/or L Rober	Harold C. Senior Pro Tenneco O: February Tenneco or February Tenneco or Ten	Nichols oduction Cle il Company 20, 1967 I location shown on ld notes of ectual my supervision, and it to the best of my

Ernst Engineering Co. Durango. Colorado

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

HOSPAH NO. 9

DEPTH	INCLINATION
594'	3/4 ⁰
1010'	3/4°
1431'	1/2°
1905'	1-3/4°
2296'	20
2767 '	1-1/2°
3093'	2°
3431'	1/4 ⁰

AFFIDAVIT

THIS IS TO CERTIFY that to the best of my knowledge the above tabulation details the deviation test taken on TENNECO OIL COMPANY'S HOSPAH NO. 9, South Hospah Lower Sand, located in Section 12, T-17-N, R-9-W, McKinley County, New Mexico.



 ${\tt Signed}$

Senior Production Clerk

THE STATE OF COLORADO)
COUNTY OF LA PLATA

BEFORE ME, the undersigned authority, on this day personally appeared G. A. Ford known to me to be Senior Production Clerk for Tenneco Oil Company and to be the person whose name is subscribed to the above statement, who, being by me duly sworn on oath, states that he has knowledge of the fact stated herein and that said statement is true and correct.

SUBSCRIBED AND SWORN TO before me, A Notary Public in and for said County and State this 30th day of March, 1967.

My commission expires June 28, 1969.

Mai 218 L. POER P. O. Box 1714

Durango, Colorado La Plata Como, Colorado

Distribution:

1 Copy - New Mexico Oil Conservation Commission

1 Copy - File

Form 9-331 (May 1963)

16.

UNITED STATES SUBMIT IN TRIPLICATE. (Other instructions on re-

Form approved. Badget Bureau No. 42 5. LEASE DESIGNATION AND SERIAL NO.

NM 081208 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEOLOGICAL SURVEY						
VEGINIO	NOTICES	ΔND	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.	7. UNIT AGREEMENT NAME
OIL CO GAS OTHER	
2. NAME OF OPERATOR	8. PARM OR LEASE NAME
Tenneco Oil Company	o. wlospah
3. ADDRESS OF OPERATOR	9. WELL NO.
P. O. Box 1714, Durango, Colorado 81301	9
the state of the state of the secondaries with any State requirements	10. FIELD AND POOL, OR WILDCAT

TOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

Undes. Dakota 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

330 FNL, 2051 FEL Unit B

Sec. 12, T-17-N, R-9-W 12. COUNTY OR PARISH 13. STATE McKinley

15. ELEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 7006 Gr.

New Mexico

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

NOTICE	OF INTENTION TO:	SUBSEQUENT REPORT OF:				
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON*		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING	X	REPAIRING WELL ALTERING CASING ABANDONMENT*	
REPAIR WELL (Other)	CHANGE PLANS		(Other) (Note: Report resu Completion or Recor	ults of multipl impletion Repo	e completion on We rt 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 3/8/67. Drld to 86'. Ran 2 jts 10-3/4'' csg set at 86' w/90 s x cmt. Cmt Circ. WOC. Drld to 3945 TD on 3/15/67. Ran logs. Ran 119 its 7" Cmtd w/670 cu. ft.cmt_Rel. 20 and 23# J-55, and N-80 csg. Set at 3933. rig 3/16/67. WO Comp.



U. S. GEOLOGICAL SURVEY

SIGNED FOR FOR		roduction Clerk DATE April 5, 1967
(This space for Federal or State of	clice use)	
APPROVED BY	ANY:	DATE

Form 9-330 (Rev. 5-63)

UNITED STATES SUBMIT DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5

(See other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

NM 081208

WELL CO	MPLETION	OR RECO	MPLETION F	REPORT AN	ID LOG*	6. IF INDIAN.	ALLOTTEE OR TRIBE NAME
1a. TYPE OF WEL		GAS WELL	7 7	Other		7. UNIT AGRE	EMENT NAME
b. TYPE OF COM		n nec	DIFF.				<u>-</u>
WELL X	WORK DEEP	PLUG BACK	LESVR.	Other		S. FARM OR I	LEASE NAME
2. NAME OF OPERAT						9. WELL NO.	a
	nneco 011 C	ompany	·				
3. ADDRESS OF OPE		A Thomas	a Calarada	81301		10. FIELD AN	D POOL, OR WILDCAT
F.	V. BOX 1/1	clearly and in	o, Colorado accordance with an	u State requiremen	nts)*		
At surface	830 FNL,	2051 FEL		,			n., M., OR BLOCK AND SURVEY
At top prod. int	erval reported belo	w Un	it b				
At total depth						Sec. 17	9-17-W R-8-W
			14. PERMIT NO.	DATE	ISSUED	12. COUNTY O	R 13. STATE
						Mekinle	y Hear Hexico
15. DATE SPUDDED	16. DATE T.D. RE	ACHED 17. DAT	TE COMPL. (Ready to	o prod.) 18. ELF	EVATIONS (DF, RE	B, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
3/8/67	3/15/6	.7	4/18/57		7006 C	r	7006
20. TOTAL DEPTH, MD	& TVD 21. PLUG	, BACK T.D., MD &	TVD 22. IF MUL.	TIPLE COMPL.,	23 INTER ALL DE ED	S ROTARY TOOL	LS CABLE TOOLS
3945		2890	***		MAD	0-3945	0
24. PRODUCING INTER	RVAL(S), OF THIS	OMPLETION-TO	P, BOTTOM, NAME (M	MD AND TVD)	Time	1	25. WAS DIRECTIONAL SURVEY MADE
				187	R 20 1967	1	
1645					2013	M .	27. WAS WELL CORED
26. TYPE ELECTRIC				ž Vi	COM. O		21. WAS WELL CURED
Dual Indu	ction, Gr-S	onic, Gr-	Density-Cal:	lper d	CON. 3		NO NO
28.	WEIGHT, LB./F		SING RECORD (Rep	LE SIZE	CEME	NG RECORD	AMOUNT PULLED
CASING SIZE	_						
10-3/4	32.75	86			90 8	ft cat.	None
7	23#	3933	0-	-3/4	0/0 64	IL CHE.	
							
29.	_ <u>'</u>	LINER RECORI			30.	TUBING RECO	ORD
SIZE	TOP (MD)	воттом (мр)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (M	D) PACKER SET (MD)
					2-3/8	1620	3291
31. PERFORATION RE	CORD (Interval, siz	e and number)	<u> </u>	82. A	CID, SHOT, FR.	ACTURE, CEMENT	SQUEEZE, ETC.
				DEPTH INTERV	AL (MD)	AMOUNT AND KIN	D OF MATERIAL USED
1645 2 hc	stee.			Cut retai	ner		
1043 2 110	7105				90 w/170	ax ent.	
						· · · · · · · · · · · · · · · · · · ·	
					<u> </u>		
33.*			PRO (Flowing, gas lift, p	DUCTION	tuna of numa)	l werr	STATUS (Producing or
DATE FIRST PRODUCT	rion PRODU	CTION METHOD	(riowing, gus iiji, p	amping—size una	type of pantp,		t-in)
4/19/67 DATE OF TEST	HOURS TESTED	Pump CHOKE SIZE	PROD'N. FOR	OIL—BBL.	GAS-MCF.	WATERBBL	. GAS-OIL RATIO
DAIL OF ILSI		911022 222	TEST PERIOD		1	1	
FLOW, TUBING PRESS.	CASING PRESSUR	E CALCULATED	OIL—BBL.	GAS—MCF	, WAT	ER—BBL.	OIL GRAVITY-API (CORR.)
		24-HOUR RA	TE		1	Tr.	260
34. DISPOSITION OF	GAS (Sold, used for	fuel, vented, etc	<u> 42 BOPD</u>			TEST WITNES	
		· · ·					
35. LIST OF ATTACH	IMENTS						
			Λ				
36. I hereby certify	that the foregoin	g and attached	information is comp	plete and correct	as determined fr	om all available r	ecords
	0.1	7 7	V	Senior Proc	duetton Pl	erk	April 19, 196
SIGNED	A Post	Jord	1 TITLE _	TANTAL STO		DATE	

NSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed refune this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Herm 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements.

Hem 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Hems 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion, so state in item 22, and in item 24 show the producing intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for ach additional interval to be separately produced, showing the additional data pertinent to such interval.

Hem 29: "Sacks Gement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Hem 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.) or Federal office for specific instructions.

37. SUMMARY OF POROUS ZONES

		í	
HO. OF COPIES RECEIVED			
DISTRIBUTIO	ЭИ		
SANTA FE		L	
FILE .			6
U.S.G.S.			
LAND OFFICE			
TRANSPORTER OIL			
GAS			
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND ~

Form C=104 Supersedes Old C=104 and C=110 Effective 1=1=65



1.	U.S.G.S. LAND OFFICE TRANSPORTER OIL / GAS OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATUR	AL GAS		
	Operator Tenneco Oil Co	ompany				
	Address					
		, Durango, Colorado 813				
	Reason(s) for filing (Check proper box)		Other (Please explain)			
	New Well	Change in Transporter of: Oil Dry Gae				
	Recompletion Change in Company in	Oil Dry Gas Casinghead Gas Conden	77			
	Change in Ownership	Cashigheda Gas Condan				
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND L	EASE				
1	Lease Name	Lease No. Well No. Pool Nan	ne, Including Formation	Kind of Lease		
	Hospah	9 South	Hospah Lower Sand	State, Federal or Fee Fed.		
	Location			<u></u> .		
	Unit Letter B; 330	Feet From TheNorthLine	e and <u>2051</u> Feet 2	From The East		
		nship 17N Aange	9W , NMPM,	McKinley County		
	Line of Section 12 Town	nship 17N Range	, ,,	MCNIMEY		
ш.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	s			
	Name of Authorized Transporter of Oil	X or Condensate	Address (Give address to which	approved copy of this form is to be sent)		
	Rock Island Of	1 and Refining	P. O. Box 328, Farm	ington. New Mexico		
ı	Name of Authorized Transporter of Cast	nghead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)		
				Y lan.		
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
	give location of tanks.	B 12 17 9				
	If this production is commingled with	n that from any other lease or pool,	give commingling order number	1		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep	en Plug Back Same Res'v. Dift. Res'v.		
	Designate Type of Completion	$\mathbf{x} = (\mathbf{X})$	x			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	3/8/67	4/18/67	3890	2890		
		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	7006 Gr.	South Hospah Lower Sd.	1645	1620 Depth Casing Shoe		
	Perforations					
	1645 w/2 holes	3	CENENTING DECORD	3933		
			CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE 10-3/4	86	90 sx		
	15 8-3/4	7	3933	670 cu ft.		
	8-3/4		3,33			
v	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of loc	nd oil and must be equal to or exceed top allow-		
• •	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump,	ear life etc.)		
	Date First New Oil Run To Tanks	Date of Test		gua 10/0, etc./		
	4/19/67	4/18/67 Tubing Pressure	Pump Casing Pressure	Charley		
	Length of Test 24 hours	Laping Freezes		ARTIFIA		
	Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Garages LTD		
	42 BOPD	42 BOPD	Tr.	hop		
				1967		
	GAS WELL			OIL CON COMMEN		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	CO/ST. 3		
			Casing Pressure	Chone Size		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Plessure			
			200 600155	RVATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE	CE .	APPROVED APR 20	3067		
			APPROVED APR AU	150 <i>1</i>		
	I hereby certify that the rules and r Commission have been complied w	ith and that the information given	Original Signed	by Emery C. Arnold		
	above is true and complete to the	best of my knowledge and belief.	BY	ST. #3		
		/ }	TITLE	- · · · · · · · · · · · · · · · · · · ·		
	1 -	. [/	11	ed in compliance with RULE 1104.		
	45/1-	-1/	To this is a sequent for	allowable for a newly drilled or deepened		
	C Pord (Signe	iture)		companied by a tabulation of the deviation accordance with RULE 111.		
	G. A. Ford Senior Production	Clerk	All sections of this fo	rm must be filled out completely for allow-		
	SPITOT PROMUCE COM	le)	able on new and recomplet	ted Wells.		
	April 19 19667			. T IT TIL and UT for changes of owner,		
	April 19, 19667	te)	well name or number, or transporter or other such change of condition			

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form 9-331 (May 1968)

UNITED STATES SUBMIT IN TRIPLICATES (Other instructions on re-

Form approved. Budget Bureau No. 42-R1424.

SUNDRY		IOR verse side)	
SUNDRY	GEOLOGICAL SURVEY		NM 081208 /
SUNDRY		ON WELLC	6. IF INDIAN, ALLOTTED OR TRIBE NAME
	NOTICES AND REPORTS		
(Do not use this form Use	for proposals to drill or to deepen or plug "APPLICATION FOR PERMIT—" for such p	proposals.)	
		· · · · · · · · · · · · · · · · · · ·	7. UNIT AGRESMENT NAME
OIL A WELL	OTHER		* * * * * * * * * * * * * * * * * * *
NAME OF OPERATOR	VI2		8. FARM OR LEASE NAME
Tenneco O	il Company		Hospah 💢 🖫
ADDRESS OF OPERATOR	II Company	····	9. WELL NO.
	1714 Dumanas Calamada S	11201	9
LOCATION OF WELL (Report	1714, Durango, Colorado 8 location clearly and in accordance with any	State requirements.	10. FIRLD AND POOL, OR WILDCAT
See also space 17 below.) At surface	•	-	South Hospah Lower Sand
	200 0051		11. SBC., T., R., M., OR BLK. AND
-	330 FNL, 2051 FEL		SURVEY OR AREA
	Unit B		Sec. 12, T-17-N, R-9-W
	15. BLEVATIONS (Show whether bi		12. COUNTY OR PARISH 13. STATE
, PERMIT NO.	15. BLEVATIONS (Show whether bi	r, Ri, GR, ecc.)	
		5 Gr.	McKinley New Mexico
·	heck Appropriate Box To Indicate N	Nature of Notice, Report, or	Other Data
	OF INTENTION TO:		SQUENT REPORT OF:
ROTICE	——————————————————————————————————————	r	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CABING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT [®]
REPAIR WELL	CHANGE PLANS	(Other)	lts of multiple completion on Well
(Other)		Completion or Recor	mpletion Report and Log form.)
. DESCRIBE PROPOSED OR COMP	LETED OPERATIONS (Clearly state all pertiner is directionally drilled, give subsurface local	nt details, and give pertinent dat ations and measured and true ver	es, including estimated date of starting any tical depths for all markers and sones perti-
nent to this work.) *	is directionally direct, give substitute for	and including and true ver	
		<u> </u>	
		j.	
			그 이 번째 이 전 특성원회 및
4/3/67.	Perf 3180, 3100, 3047, 29	990. 2915 w/2 holesi	Cook di mana il 1881 il 1881
-		,,,, =,=, ,,= ,,=,,	Swbd, rec. Ling g
salt wtr	. Perf 3793, 3803 w/2 ho	les, rec salt wtr.	Set 7" pkr - Page 7
at 3291.	. Perf 3793, 3803 w/2 ho. Set cmt retainer and 289	les, rec salt wtr. 90. Cmtd w/170 sx c	mt. Perf 1645
at 3291.	. Perf 3793, 3803 w/2 ho. Set cmt retainer and 289	les, rec salt wtr. 90. Cmtd w/170 sx c	mt. Perf 1645
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at 3291. w/2 hole rods. R I hereby certify that the signed GA. (This space for Federal or APPROVED BY	Perf 3793, 3803 w/2 ho. Set cmt retainer and 289 s. Ran 51 jts 2-3/8" tbg el rig. WO Test. AP OIL Ford State office use) TITLE	les, rec salt wtr. 90. Cmtd w/170 sx c landed at 1620. Ra R 20 1967 CON. COM. DIST. 3	The proofing of the agent radialization and harghed to a reflection in the agent radialization and harghed to a reflection in the agent radialization and harghed to a reflect to a strong to those strong and the reflection was a reflection and the refl

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TRANSPORTER	OIL		
THANS! ON I EN	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

i.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Tennec	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL O	Form C 104 Supersedes Old C-104 and C-110 Effective 1-1-65
	Address	Box 1714, Durango, Color	rado 81301	
٠	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		Other (Please explain) Change of Trans	porter Only.
	If change of ownership give name and address of previous owner			
11.	Lette Name Hospah Location Block Letter B 33	Lease No. Well No. Pool Nan	ne, Including Formation n Hospah Lower Sand e and 2051 Feet From	State, Federal or Fee Fed.
		vnship 17N Range		cKinley County
iII.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil Shell Oil Company Name of Authorized Transporter of Cas	<u>:</u>	S Address (Give address to which approx P. O. Box 1588, Farmin Address (Give address to which approx	gton, New Mexico
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. B 12 17 9	Is gas actually connected? Who	Pn .
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool, (New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completio		Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubip
	Perforations			RILLIYED
		TUBING CASING AND	CEMENTING RECORD	MAY 4:1967
	. HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	OU SVENE COOK
V.	TEST DATA AND REQUEST FOOL. WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow-
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pump, gos	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gan - MCF
	CAG WEY Y			
	Actual Prod. Test-MCF/D	Length of Test	Bble. Condeneate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
/I .	CERTIFICATE OF COMPLIAN	CE	MAY	
	Co-mission have been complied u	regulations of the Oil Conservation with and that the information given	Original Signed by	Emery C. Arnold
	above is true and complete to the	best of my knowledge and belief.	SUPERVISOR D	NIST. #3
	T. A. Fordstand		This form is to be filed in If this is a request for ellowell, this form must be accompetents taken on the well in accompany.	compliance with RULE 1104, wable for a newly drilled or deepened inied by a tabulation of the deviation rdance with RULE 111.
	1	tle)	able on new and recompleted w	net be filled out completely for allowells.
	Tenneco 011 (May 3, 1967 ^D	Company	well name or number, or transpor	I, III, and VI for changes of owner, ter, or other such change of condition. It be filed for each pool in multiply

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form 9-331 (May 196?)	UNITED STATES DEPARTMENT OF THE INTE	SUBMIT IN TRIPLICATE* (Other instructions on re-	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
•	GEOLOGICAL SURVEY		NM 081208/
71/10	DRY NOTICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTPEE OR TRIBE NAME
Do not use this (orm for proposals to drill or to deepen or pluse "APPLICATION FOR PERMIT—" for suc	ig back to a different reservoir.	
(Do not use this to	Use "APPLICATION FOR PERMIT—" for suc	h proposais.)	7. UNIT AGREEMENT NAME
1. OIL GAS C	7		1. Unit adapament have
WELL WELL	OTHER		8. FARM OR LEASE NAME
2. NAME OF OPERATOR	0.11 . Component		Hospah
3. ADDRESS OF OPERATOR	Oil Company		9. WELL NO.
P O Ro	x 1714, Durango, Colorado	81301	9
4 LOCATION OF WELL (Re	port location clearly and in accordance with	any State requirements.	10. FIELD AND POOL, OR WILDCAT
See also space 17 below At surface	v.,		South Hospah Lower Sand
330' FNL	, 2051 FEL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Unit B	•	12 m 17 N P 0 H
	15. ELEVATIONS (Show whether	or DF. RT. GR. etc.)	Section 12, T-17-N, R-9-W
14. PERMIT NO.	7005		McKinley New Mex
16.	Check Appropriate Box To Indicate		그 전 유민 그는 그는 그는 그 전 된 본 본
N	OTICE OF INTENTION TO:	IDEAEUR	UENT-REPORT OF:
TEST WATER SHUT-OF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other) Squee	eze perfs & re-perf X COMPLETED OPERATIONS (Clearly state all per	(Note: Report results Completion or Recomp	s of multiple completion on Well letion Report and Log form.)
Dr	e plan to squeeze cement Lo cill out to 3830. Perforat ource.	wer Hospah Sand perfora e Entrada Sand @ 3800-3 RECEIV	3829 for water and a second of the second of

			/	
(May 1963) DEPARTN	UNITED STATES MENT OF THE INTERIC SEOLOGICAL SURVEY	SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	Form approved Budget Bureau 5. LEASE DESIGNATION ALL N. 1081208 6. IF INDIAN, ALLOTTEE	No. 42-R1424. ND SERIAL NO.
SUNDRY NOT (Do not use this form for propose Use "APPLICA"	ICES AND REPORTS O	N WELLS ck to a different reservoir. oposals.)	7. UNIT AGREEMENT NAM	
OIL GAS OTHER			8. FARM OR LEASE NAME	· .
2. NAME OF OPERATOR Tenneco Oil Compa 3. Address of Operator	ıny		Hospah 9. WELL NO.	,
4. Location of well (Report location of See also space 17 below.) At surface	hurango, Colorado 8130 dearly and in accordance with any S	Ol State requirements.*	9 10. FIELD AND POOL, OR SOUTH HOSPAIL L. 11. SEC., T., B., M., OR BI	
330 FNL, 20	Unit B		Sec 12 T-17- 12. COUNTY OF PARISH	N. R-9-W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, 7006 Gr.		McKinley	New Mexico
16. Check A	ppropriate Box To Indicate N	ature of Notice, Report, or (Other Data	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		REPAIRING WALTERING CA ABANDONMEN is of multiple completion operation and Log for	on Well
(Other) 17. DESCRIBE PROPOSED OR COMPLETED OF proposed work. If well is direct nent to this work.)	ERATIONS (Clearly state all pertineu- ionally drilled, give subsurface locat	t details, and give pertinent date tions and measured and true verti	s, including estimated dat cal depths for all markers	e of starting any and zones perti-
We plantto production	perforate two holes	per foot @ 1630-164	4 for additional	
	RFT:FIV	FA	Control of the contro	2년 4 1 7일



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U. S. GEOLOGICAL SUPY

18. I hereby certify that the foregoing is true and correct SIGNED TITLE	DATE 3/13/68
(This space for Federal or State office use)	S DATE
APPROVED BYTITLE CONDITIONS OF APPROVAL, IF ANY:	
(USGS 5)	

(USGS 5)



					/	•
Form 9-331 (May 1963)	DEPART	JNITED STATE IENT OF THE EOLOGICAL SUI	INTERIOR	SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	5. LEASE DESIGNATION A	u No. 42-R1424. AND SEBIAL NO.
(Do not use t	NDRY NOTI	CES AND REP	ORTS ON n or plug back t	WELLS o a different reservoir.	6. IF INDIAN, ALLOTTEE 7. UNIT AGREEMENT NA	
OIL X GAS WELL	L OTHER					
2. NAME OF OPERATOR	2. NAME OF OPERATOR				8. FARM OR LEASE NAM	E
Tenneco Oil Company Hospah			1			
3. ADDRESS OF OPERATOR 9. WELL NO.						
P. O. Box 1714, Durango, Colorado 81301						
4. LOCATION OF WELL See also space 17 At surface	(Report location chelow.)	early and in accordance	e with any State	e requirements. •	South Hospah 11. SEC., T., E., M., OR B	Lower Sand
	330 ₽	NL, 2051 FEL			SURVEY OR AREA	
	330 1	•	nit B		Sec 12, T-17-	N. R-9-W
14. PERMIT NO.		15. ELEVATIONS (Show		GR, etc.)	12. COUNTY OR PARISH	13. STATE
		7005	Gr.		McKinley	New Mexico
16.	Check Ap	propriate Box To I	ndicate Natu	re of Notice, Report, or C	Other Data	
	NOTICE OF INTEN	TION TO:		SUBSEQ	UENT REPORT OF:	
TEST WATER SHU	T-OFF	OULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING V	VELL
PRACTURE TREAT		AULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CA	ASING
SHOOT OR ACIDIZ		ABANDON*		SHOOTING OR ACIDIZING	ABANDONME	NT*
REPAIR WELL	· [HANGE PLANS		(Other)		
(Other)				(Note: Report results	s of multiple completion pletion Report and Log for	on Well rm.)
	If well is direction	RATIONS (Clearly state mally drilled, give sub-	all pertinent det surface locations	tails, and give pertinent dates and measured and true vertic	including estimated dat	e of starting any

3/15. MIRU Service Unit. Pulled rods and tubing. Perf csg 1630-1644'
w/2 holes per foot. Re-ran tubing and pump. Put back on production
3/16/68 at the rate of 67 BOPD and 8 BWPD.



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MAR 2 7 1958

U. S. GEOLOGICAL SURVE

I hereby certify that the foregoing is true and corr	ect	
SIGNED M. K. Wagner	TITLE	DATE 3/26/68
(This space for Federal or State office use)		
A DDD OVERD DE	TITLE	DATE
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:		

USGS (5)

*See Instructions on Reverse Side

			1
NO. OF COPIES RECEIVED			
DISTRIBUTION	Z NEW MEVICO OIL 60	DINSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	/ KEQUEST 1	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRAN	NSPORT OIL AND NATURAL O	GAS /
LAND OFFICE			
TRANSPORTER OIL	Ţ.	TRANSPORTER CHANGED FROM SHE	ELL .
GAS :		OU COMPANY TO SHELL PIPE LIN	C PORT CONTRACTOR
PRORATION OFFICE		CORPORATION EFFECTIVE 12/31/	69
Operator			
Tenneco Oil Co	mpany		
Address		_	⊁ .
P. O. Box 1714	, Durango, Colorado 8130	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:	Office (1 teads explain)	
New Well	Oil Dry Gas	s [
Recompletion A Change in Ownership	Casinghead Gas Condens	=	
Change in Ownership			
If change of ownership give name and address of previous owner			
and address of previous owner			
II. DESCRIPTION OF WELL AND	LEASE. Well No. Pool Name, Including Fo	rmation Kind of Leas	Lease No.
Lease Name		State, Federa	NM 08120
Hospah	9 South Hospah	Lower Sand	100 10120
	Feet From The North Line	e and 2051 Feet From	TheEast
Unit Letter B; 330	Feet From The NOI LII Line	e and	Last
Line of Section 12 Tov	vaship 17N Range 9	W , NMPM, McKi	nley County
Line of Section 12	1,13		,
II. DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S	of all of feet to be contil
Name of Authorized Transporter of Cil	or Condensate	Address (Give aggress to write appro	
Shell Oil Company		P. O. Box 1588 Farmi Address (Give address to which appro	ngton, New Mexico
Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which appro	over copy of this form is to be semi
		Is gas actually connected? Wi	nen
If well produces oil or liquids,	Unit Sec. Twp. Rge.	is gas actually connected?	
give location of tanks.	<u>i - i - i i i i</u>		
If this production is commingled wi	th that from any other lease or pool,	give comminging order number.	
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completion	$\operatorname{on} - (X)$	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	. azıng zopu
			Depth Casing Shoe
Perforations	40		
Perforated 1630-1644	W/Z holes per foot.	D CEMENTING RECORD	
1101 7 6175	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	GAGING 2 / SS		
			<u>_i</u>
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load of epth or be for full 24 hours)	il and must be equal to or exceed top allo
OIL WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date First New Oil Run To Tanks		Pump	
()	3/16/68 Tubing Pressure	Casing Pressure	Choke Size
Length of Test			j
24 hrs Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF ACR 4 108
Votage Liber Parmy 1991	67	8	- \OIL CON, COM.
			DIST. 3
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condessate
		Casing Pressure (Shut-in)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shuc-In)	
		OH CONSERV	/ATION COMMISSION
VI. CERTIFICATE OF COMPLIAN	NCE	- II	
	Luina et the Oil Connemistion	APPROVED APR	4 1968 19
	regulations of the Oil Conservation with and that the information given		by Emery C. Arnold
above is true and complete to the	ne best of my knowledge and belief.	,, 0.	
		TITLE	R DIST. #3

M. K. Wagner

4/3/68

(Signature)

(Title)

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

	MENT OF THE INTERIO	R (Other instructions on re-	5. LEASE DESIGNATION AND BESIAL NO.
SUNDRY NOTI	CES AND REPORTS OF	t to a different reservoir.	NM. 08 1208 9269 G. IF INDIAN, ALLUTTEL OF THE NAM
1.			7. UNIT AGREDMENT NAME
Z. NAME OF OPERATUR Tenneco Oil Company			8. FARN OR LEASE NAME LOWER HOSPAH 9. WELL NO.
720 So. Colorado Blvd.,	Denver, Colorado 802	22	9 10. FIELD AND POOL, OR WHILEAT
See also space Ir below.)	nd <u>2051</u> 'F.L., Unit		SOUTH HOSPAH 11. SEC., T., R., M., OR BLK. AND SURVEY OF AMEA
14. PERMIT NO.	7010 KB	T, CK. etc.)	SEC 12 T17N, R9W 12. COUNTY ON PARISH 13. STATE MCKINLEY NM
16. Check Ap	propriate Box To Indicate Na		Other Data
FRACTURE TREAT **HOUT OF ACIDIZE **EPAIR WELL **COther** PERFORATE	CHATIONS (Clearly state all pertinent onally drilled, give subsurface location	Completion or Recom	REFAIRING WELL ALTERING CASING ABANDONMENT* Is of multiple completion on Well pletion Report and Log form.) 5, including extimated date of starting and call depths for all markers and zones per
1. MIRU PU 2. PULL RODS, PUMP, & TB 3. PERFORATE 4 JSPF 1630 4. RERUN TBG, RODS & PUM 5. INSTALL LARGER LIFT E	I-52' w/ 4" CSG GUN (Lov IP. TEST WELL.	ver Hospah)	
		•	
		F	RECEIVED MAY 1 5 1978
•		11.	S. GEOLOGICAL SURVEY
SIGNED All All All All All All All All All Al	rith. Div.	Production Manager	DATE <u>59-78</u>
(This space for Federal or State of APPROVED BY CONDITIONS OF APPROVAL, IF	TITLE		DATE

May 19670		MENT OF THE I		yogsi slite)	NM -		OR ZHIRE NAME
S clin not use	WINDY MOT	CES AND REPO	ON STAC	WELLS to a different reservoir.		AGREEMENT NA	
	. [7]			•			
W 1	ELL OTHER					OR LEASE NAN	1 K
Tonner O	il Company				LOWER	HOSPAH	
	HATOR				9		
		, Denver, Color	ado 8022	te requirements.		LU AND PUOL, O	TADULUW S
Seed. Milan Milan.	• • • •				!	HOSPAH	
At surface	330 ' FNL a	ind 2051 'FEL,	Unit		11. SEC	C. T., R. M., OR S SURVEY OR ANDA	BLR. ANU
					SEC 1	2, T17N,	R9W
		15. ELEVATIONS (Show	whether DF, RT	cx cic)	1	ENTY OR PARISI	1
14. PERMIT NO.			' KB		McKIN	ILEY	NM
	Chack A	ppropriate Box To 1	ndicate Nat	ure of Notice, Repo	ort, or Other D	at a	
16.	NOTICE OF INTE		. 1		SUBSEQUENT REP	ORT OF:	
	<u> </u>	PULL OR ALTER CASING	\sqcap	WATER SHUT-OFF		REPAIRING	WELL
TEST WATER	1 1	MULTIPLE COMPLETE		FRACTURE TRUATME	1 1	ALTERING (
FRACTURE TR	1 1	ABANDON*		SHOOTING OR ACIDI	ZING	ABANDONMI	ENT.
REPAIR WELL	1 1	CHANGE PLANS		(011111)	rt results of mult r Recompletion le	iple completion	02 /YeU
		PERATIONS (Clearly state tionally drilled, give sub	nll pertinent				
17. DESCRIBE FROM proposed we next to this		PERATIONS (Clearly state tionally drilled, give sub	surface location	as and measured and to	me vertical deptie	s for all marke	
MIRPU OF PA		WER HOSPAH 1630 OPEN 69%. RAN	- 52' w/ PUMP & T	4 JSPF. AN AD BG. HUNG WELL	DITIONAL 7' ON.		
		BEFORE WORK:	34 BOPD,	344 BWPD			A Section of the sect
		AFTER WORK :	38 BOPD, (STILL P	380 BWPD UMPING OFF WELL	_)	•	on many
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•					- GELLOCHUM S		
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18. I hereby of	that the surcest	ng is true and correct	TITLE: Ad	ministrative Su	pervisor	DATE	126/78
	e for l'ederal or Stat	e office use)	TITLE			DATE	
APPROVE WASHING	D I:T	IF ANY:					

Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM 08 1208 NM 12335 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME ÷ -, <u>-</u> 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME Lower Hospah 1. oil gas well 🔯 other 9. WELL NO. well 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Tenneco Oil Company South Hospah 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR 720 So. Colo. Blvd., Denver, Co. 80222 AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 12, T-17-N, R-9-W AT SURFACE: 330' FNL & 2051' FEL, Unit B 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: McKinley 등등 분호 New Mexico AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7010' KB SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: in to feb of incoment of the february of the f TEST WATER SHUT-OFF FRACTURE TREAT X SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING stab (freems) bodfam br MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) 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.)* ಕೆಕ್ಕ The perforations for this well were never stimulated. We propose to acidize Run tbg, pump, 40 3 3 프리큐모스 via the following procedure: MIRUPU. RIH w/Baker Model "E" circulating washer and acidize perfs P00H. @1630' - 1652' w/924 gal 15% MCA. Swab back load. & rods, and place well on production. ನ Verbal approval by Phil McGrath on 4/12/79. ಠ ਰ Subsurface Safety Valve: Manu. and Type size. n 18. I hereby certify that the foregoing is trye and correct MITTLE Admin. Supervisor DATE 2) 11. 16 (23) 17 (21) (This space for Federal or State office use) = DATE APPROVED BY t me t rollable ri rorca blutt guta evode prodificaca procedure regulations indian lar ltem CONDITIONS OF APPROVAL, IF ANY:

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<u>a</u> ≥ 2	Consult local	ifica in ar	3 3 3	31.57		14.
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Instructions and instructions and reports of such operations when completed, as indicated, on Federal and stiens, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and issue have not this form and the number of copies to be submitted, particularly with regard to local, area, or regional states.	locations on Federal or Indian land should be described in accordance with Federal requirements. Consult locations of abandonment should include such special Information as is required by local Federal and for state of the sta	or present productive zones, or other zones with present significant cement plugs; mud or other material placed below, between and any left in the hole; method of closing top of well; and date well site	6 1	The Control of the Co	State of the	
ed, c	described in accordance with Federal requirements.	and and	BALL DING A	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	eneman consequence	
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is of such operations when completed, as indicated, on all lands in such State, pursuant to applicable be submitted, particularly with regard to local, and	- ē - ē	top to	ing Nation (a) Table AMCT		188	* ** = * = * * * * * * * * * * * * * *
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certain well operations, approved or accepted to form and the number.	Indi	onment; data and method lled and the	GPO: 1976		L Sawo	CHANGE ZI ABAN DOM
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eatsom ore	eral in the		te all nominers of	APLETED OP-RATIONS (Clearly Stylemone)		
fap is fo	locations on Federal or Indian land should be described in accordance we sports of abandonment should include such special Information as Is required.	isous, for the abandonment, data on any former is top and bottom) and method of placement of a liner or tubing pulled and the depth to top of bandonment.	airectionally drule at to this work.)*	ntie triberori si filmani in met insider Pring arty proposed word. It met insider The following danser benter berting	e estimated date of str	Muser. (1 Weiser
perform and, if	်င်ရီး ရှိသည် မည်ရှိနှင့်	er te be	mulated. P	this well have never sti	red and tice version to t enforations for t	
b, ar	ts of	er o		:srubec	he following proc	
als to ations, the us	oca	S S E E	Sher and Au Load Foot	Model "E" circulating wa gal 150 MCC. Swab back	<pre>1 PIH w/Daker P</pre>	Chai
oosa gular ng t	its, intra	pths pths sing		gal 151 MCL. Swab back. Len production.		
prop Fregerni	men men	±8.65		The Table 1	o. and nlace well	201 %
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s to	fice fice posi	segunt, unt, ial ii	TY SOL DATE	nig is true and correct	Sind let I've	034012
General: This form is designed for submitting proposals to Indian lands pursuant to applicable Federal law and regulations, regulations. Any necessary special instructions concerning the us procedures and practices, either are shown below or will be issue	Item 4: If there are no applicable State requirements, State or Federal office for specific instructions. Item 17: Proposals to abandon a well and subsequent in addition, such proposals and reports should include reas	fluid contents not sealed off by cement or otherwise; depth above plugs; amount, size, method of parting of any casin conditioned for final inspection looking to approval of the a	(sen e ngo	(This space for Federal or State o	And the second second	Garibio
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General Art Part Part Part Part Part Part Part Pa	tem or F Item Jitio	cont plu tion			BY SEE APPOVALL IF ANY:	APPROVED CONDITION
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*See instructions on Reverse bide

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Form 9-331 Dec. 1973

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well

Form Approved.

change on Form 9-330.)

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Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR NM-12335 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT 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 Form 9–331–C for such proposals.) 8. FARM OR LEASE NAME Lower Hospah gas \mathbb{X} other 9. WELL NO. ----well 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Tenneco Oil Company South Hospah 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR 720 So. Colorado Blvd., Denver, CO. 80222 AREA 58 Sec. 12, T-17-N, R-9-W 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 330' FNL & 2051' FEL, Unit B 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: New Mexico McKinley ≤ ₹5 AT TOTAL DEPTH: 14. API NO. 3. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 7010' KB SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF 7 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone

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.)*

5/14/79 - 5/16/79

PULL OR ALTER CASING MULTIPLE COMPLETE

CHANGE ZONES ABANDON* (other)

> MIRUPU. POOH w/rods, tbg, and pump. RIH w/circulating washer. Attempted to wash perf's w/900 gal 15% HCL Acid. Tool failed. Swabbed back load. Ran rebuilt wash tool, could not establish injection. Swabbed back load & POOH w/wash tool. RIH w/tbg, pump, and rods. RDMOPU. Returned well to production.

Ft. Subsurface Safety Valve: Manu. and Type rue and correct 18. I hereby certify that the foregoing is TITLE Admin. Supervisor DATE SIGNED (This space for Federal or State office use) _ € ± DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

| March | Marc General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. Consult local requirements. with Federal in accordance described or Indian land should be Item 4: If there are no applicable State requirements, locations on Federal State or Federal office for specific instructions.

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DISTRIBUTI	ON	
SANTA FE		
FILE		
U.S.G.S.		
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	DISTRIBUTIO			1	ONSERVATION COMMISSION	Form/C-104			
	SANTA FE			REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11			
	FILE		_		AND	Effective 1-1-65			
	U.S.G.S.			AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL G	ias [*]			
	LAND OFFICE								
		OIL							
	TRANSPORTER	GAS							
	OPERATOR	<u> </u>		1					
	PRORATION OF		_						
1.	Operator	·ICE							
	,		004541	11/					
	TENNECO) 01F	CUMPAN	IY					
	Address								
	Box 324	19, En	glewoo	od, CO 80155					
	Reason(s) for filing				Other (Please explain)				
	New Well			Change in Transporter of:					
	Recompletion			Oil Dry Ga	ıs 🔲 İ	·			
	Change in Ownership	ृ⊓		Casinghead Gas Conder	nsate X				
	If change of owners	hip give	name						
	and address of prev								
	t				-				
11.	DESCRIPTION O	F WEL	L AND I	LEASE					
	Lease Name		-	Weil No. Pool Name, Including F		Teachar Least in			
	Hospah			9 South Hospah L	ower Sand State, Federa	or Fee NM-081208			
	Location					· · · · · · · · · · · · · · · · · · ·			
	•	_	220	No n+h	se and 2051 Feet From 1	rha East			
	Unit Letter	<u>B</u>	; <u>330</u>	Feet From The North Lin	e and <u>2051</u> Feet From 1	The Last			
	Line of Section	12	Tow	mship 17N Range	9W , NMPM,	McKinley county			
,									
111.	DESIGNATION O	F TRA	NSPORT	TER OF OIL AND NATURAL GA	as				
1	Name of Authorized				Address (Give address to which approx	ed copy of this form is to be sent)			
	CINIZA	DIDEI	TNE	-	Box 1887, Bloomfield, M	IM 87413			
	Name of Authorized	TIPEL	TIVE	inghead Gas or Dry Gas	Address (Give address to which approx				
	Name of Watholized	Transpor	iei bi Ças	:::d::====					
	If well produces oil	or liquida	١,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	er.			
	give location of tank			¦В ¦ 12 ¦ 17N¦9W					
			14	h short from any other lease or pool	give commingling order number:	•			
			ngied wit.	h that from any other lease or pool,	give comminging order number.				
17.	COMPLETION D.	<u>vīv</u>		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.			
	Designate Typ	ne of Co	ompletio			1			
					<u> </u>	<u> </u>			
Ì	Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKI	B, RT, G	R, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth			
	Perforations			<u> </u>		Depth Casing Shoe			
	7-0.10.0.10.10								
					CEMENTING DECORD				
- 1				T	CEMENTING RECORD	24.046.054545			
1	HOLE	SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
l									
1									
1				D ALLOWARIE CT.	for any of some values of land oil	and must be equal to or exceed top allow-			
V.	TEST DATA ANI	REQU	ESTFU	ALLUNABLE (Test must be a able for this de	pth or be for full 24 hours)	Biog magat be equal to b. sattled top and			
,	OIL WELL			Date of Test	Producing Method (Flow, pump, gas lij	(i. etc.)			
Ì	Date First New Oil I	Hun To T	ank s	Date of 100t	Producting institute (1 tour pane) and	, , , , , ,			
1	Length of Test			Tubing Pressure	Casing Pressure	Circle Size			
ł	Actual Prod. During	Test		Ott-Bbis.	Water-Bbls.	Gas - MCE			
		•			f	Mar State			
Į				1	· • • • • • • • • • • • • • • • • • • •	20 3			
						700			
	GAS WELL				Table Control	Gravity of Condensate			
1	Actual Prod. Test-I	MCF/D		Length of Test	Bbls. Condensate/MMCF				
						3 %			
Ì	Testing Method (pite	ot, back j	pr. /	Tubing Pressure (Shut-is)	Casing Pressure (Shut-12)	Choke Size			
ا ۔۔۔		5 201	77 - 4716	3E	OU CONSERVA	TION COMMISSION			
VI.	CERTIFICATE O	of COM	PLIANU	j e	NOV 20	4000			
					WUV 28	1982			
I hereby certify that the rules and regulations of the Oil Conservatio Commission have been complied with and that the information give above is true and complete to the best of my knowledge and belief				egulations of the Oil Conservation	on APPROVED				
				ith and that the information given	Golginal Sunsa Ly	Line of Articles			
	above is true and	complet	e to the	best of my knowledge and belief.	DY				
				-	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3				
				•					
		•	•		This form is to be filed in a	compliance with RULE 1104.			
	A LA	1111	10 1	WILLOW	If this is a request for allow	rable for a newly drilled or deepened			
•		· proces	(Signa	WILLOW	well, this form must be accompa- tests taken on the well in accor	elea by a labulation of the deviction			
	Produc	tion .	Analvs	t	tests taken on the well in accor	at be filled out completely for allow-			
	110440	2.911	(Tu		All sections of this form mu able on new and recompleted we	or se inice our completion, ion allow-			
	Novemb	or 10		*	With and and Partiage 7 11	til and VI for changes of owner,			
	Novemb	<u> </u>			I wall same or number, or transport	St' Ot Office BACK CHEURE of Congression			
			(De	(e)	Secrete Forms C-104 must	be filed for each pool in multiply			
					Separate Porms C-104 mids	•			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

DISTRIBUTIO	D#	
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		

REQUEST FOR ALLOWABLE AND

1	OPERATOR PROPATION OFFICE		PORT OIL AND NATURAL GAS	
••	Citation Oil & G	as Corp.		
	Address 16800 Greenspoin	it Park Drive Suite 300 S	South Atrium	
	Houston, Texas Reason(s) for filing (Check proper box)	77060-2304	Other (Please explain)	
	New Well	Change in Transporter of:		
	Recompletion	Cil Dry Ga	• [
	Change in Ownership XX	Caminghead Gas Conden	nsate	
	If change of ownership give name and address of previous owner	Tenneco Oil Company	, P.O. Box 3249, Englewo	od, CO 80155
II.	DESCRIPTION OF WELL AND I	LEASE		/2335
	Lease Name	Well No.; Pool Name, including :	ormation Kind of Leas 1. LOWER SALED State, Federa	
	Location	9 DOUTH 140SPAH	LUVIER SAND	74771-03-760-
	Unit Letter 6 : 33	O Feet From The NORTH Lin		The EAST
	Line of Section /2 Tow	mship 17N Range	GW , NMPM, ME,	KINLEY County
1.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	ned come of this form is to be sent)
	Name of Authorized Transporter of Oil	or Condensate	Vadiage force nomices in missing abbit	MFIELD, NM 87413
	Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which appro	
	Name of Authorized Transporter of Cas			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected? Wh	en
v	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
۲.	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Periorations			Depth Casing Shoe
		TUBING, CASING, AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
٠.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	feer recovery of total volume of load oil opth or be for full 24 hours)	and must be equal to or exceed top allow-
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Fiow, pump, gas in	ift, etc.)
			Casing Pressure	Chibr (A)
	Length of Test	Tubing Pressure	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gas - C
	Actual Prod. During Test	OII - Bbis.	Water-Bots. NOV 2 0 19	1.
				DIV.
	Actual Prod. Teet-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (putot, back pr.)	Tubing Pressure (Shut-im)	Casing Pressure (Shet-is)	Choke Size
			OIL CONSERVA	TION DIVISION
•	CERTIFICATE OF COMPLIANCE			NOV 2 0 1987,
	I hereby certify that the rules and r Division have been compiled with above is true and complete to the	and that the information given	APPROVED	D. O.
	above is time and complete to the		TITLE SU	VERVISION DISTRICT #3
		•	This form is to be filed in	compliance with RULE 1104.
	Dellia H	Arrix	11	wable for a newly drilled or deepened
	Debra Harris, Product		All sections of this form m	ust be filled out completely for allow-
	11/17/87; Effective D	Date 11/1/87	Fill out only Sections I.	II. III. and VI for changes of owner, res, or other such change of condition.
	(Da	ue,	Separate Forms C-104 must completed wells.	at be filed for each pool in multiply

STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
OPERATOR		l

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-103

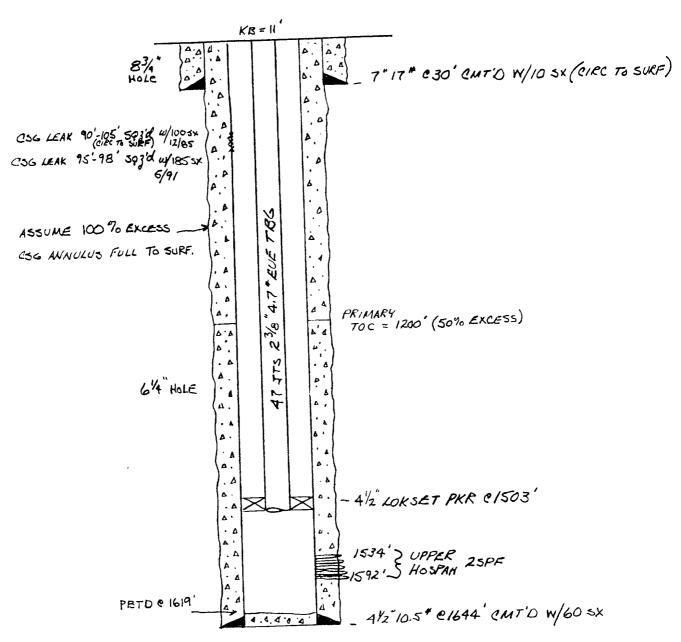
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General Purpose Worksheet

General Purpose Worksheet	Page No.	Of
Subject HOSPAH UPPER *5WIW File SEC 12 TITN, R9W MCKINLEY CO. NM	BY KANE	Date 6-5-91

CURRENT STATUS



Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-102 Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

oka/

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 1980, Hobbs, NM 88240

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section Well No. Operator Hospah Unit Citation Oil & Gas Corp South County Township Unit Letter Section 12 9W McKinley 17N **NMPM** Actual Footage Location of Well: 2051 East line feet from the 330 North line and feet from the Dedicated Acreage: Ground level Elev. Producing Formation 40 South Hospah Lower Sand Acres 7006 South Hospah Lower Sand 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.? ∐ No If answer is "yes" type of consolidation Yes If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if neccessary. No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division. OPERATOR CERTIFICATION 2051 I hereby certify that the information stained herein in true and complete to the best of my (knowledge and belief. When Signature Sharon Ward Printed Name Prod. Reg. Supv **Position** Citation Oil & Gas Corp. Company 2-15-94 Date SURVEYOR CERTIFICATION Sec. 12 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison, and that the same is true and correct to the best of my knowledge and belief. Date Surveyed Signature & Seal of Professional Surveyor Certificate No. 1500 1000 500 1650 1980 2310 2640 2000 330 660 990 1320

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	Т	O TRANS	SPORT OIL	AND NAT	TURAL GA	AS			
Operator						Well A			
Citation Oil & Gas Co	rp.					30-0	031-2001	3	
Address									
8223 Willow Place S.	Ste 250	Houst	on, Texas	- A-L	r (Please expla	.:-1	<u>-</u>		
Reason(s) for Filing (Check proper box)	,	Change in Tra		X Oth	now corre	iu)	trur	K.	(+
New Well	Oil	Dr.		To al			2010	1620	ich !
Recompletion	Casinghead		ndensate	10 51	iow corre	ect well	. Haine	HD31	
Change in Operator	Cabugillat	<u> </u>	BOCKBAR		<u>-</u>				
and address of previous operator					····				
II. DESCRIPTION OF WELL	ANDIFA	CF.							
Lease Name	TO DEA	Well No. Po	ol Name, Includir	ne Formation	····	Kind o	of Lease	Le	ase No.
South Hospah Unit			outh Hospa	_	Sand	States	Federal or Re	: NN	4-12335
Location		J							
Unit Letter B	. 33	0 Fe	et From The	North Lin	20)51 Fe	et From The.	East	Line
12 Section 17N Township	, 9W	Ra	nge	, N	мрм,		N	icKinley	County
III. DESIGNATION OF TRAN		OF OIL		KAL GAS	e address to wi	hick annes.	conv of this f	orm is to he se	n!)
Name of Authorized Transporter of Oil		or Condensate	\square						(2)
Ciniza Pipeline			Day Coa C		<u>87 Bloom:</u> Le address 10 Wi				=()
Name of Authorized Transporter of Casing	inead Gas	or	Dry Gas	Aomess (On	e oran era in mi	шен арргочеа	copy of this y	orm is to be se	/2/
If well produces oil or liquids,	Unit	Sec. Tv	m Pre	Is gas actuall	v connected?	When	?		
give location of tanks.	I B		17N 9W	gas accura	y wallow.		•		
If this production is commingled with that f				ing order num	ber.				
IV. COMPLETION DATA		o. poo	i, grio considegi	.126 0.54 24					
TV. COMEDITION DATE		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	- (X)		İ	i	i	į i		į .	
Date Spudded	Date Compl	. Ready to Pri	×d	Total Depth	A	•	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Form	2U00	Top Oil/Gas	Pay	 -	Tubing Dep	th:	
		J							
Perforations							Depth Casin	ng Shoe	
	П	JBING, C	SING AND	CEMENTI	NG RECOR	D.			
HOLE SIZE	,	ING & TUBI		DEPTH SET SACKS CEMENT					ENT
				İ					
							1		
V. TEST DATA AND REQUES									
OIL WELL (Test must be after re	ecovery of tou	al volume of l	oad oil and must					for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pi	ump, gas lift, i	etc.)		
							16 \ 6:-		
Length of Tes	Tubing Pres	sure		Casing Press	ure		Choke Size	۹.	
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	ON R	10 E 1	CAP MCF		
					(D) E	₩ 8),	
GAS WELL							OW.	7	
Actual Prod. Test - MCF/D	Length of T	esi		Bbls. Conde	SELE/MMCF	279 13	Gravity of	Condensate	
					I	CON	DIV.		
Testing Method (pitot, back pr.)	Tubing Fres	sure (Shut-in)		Casing Press	ur (Shu h)	COIN.	Choke Size		
						, DIST.	3		
VI. OPERATOR CERTIFIC	ATE OF	COMPI	ANCE	ir			<u> </u>		
I hereby certify that the rules and regula				(OIL CON	NSERV	ATION	DIVISIO	NC
Division have been complied with and								1	
is true and complete to the best of my h			p - 10 (10 to	Date	e Approve	od FEI	3 2 0	1754	
				Dale	= Whinne	, <u>, , , , , , , , , , , , , , , , , , </u>			
Sharou. U	Jord	<u> </u>			ORIG	INAL SIGN	ED BY ERN	IE BUSCH	
Signature		_		By_					
Sharon Ward	Prod.		IDV.		****	man a cont	Cagarae trit.	ב מיכד מים	
Printed Name 2-15-94	713-/	۱۱ 69–9664		Title	DEPUTY	CHE & OF	r tigati	R DIST.	
<u> </u>	110-6		one No.						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

District I PO Box 1980, Ho District II PO Drawer DD, District III			19	OIL CON	SERV	ATION	DIV	21018 			Form (sed February 10, Instructions on ropriate District (195 Data Offic
1000 Rie Brazos District IV				Santa	Fe, N	ox 2088 M 8750	4-208	30 L (COM. D		5 C AMENDED REF	opi.
PO Box 2003, Sa. I.	ala Fe, N	M 87504-201 REQUES	T FOR	ALLOWA	BLE A	AND A	UTHO	RIZA	DIST STOT	RANSPO	IRT	OK
			Operator	Bame and Addre	24					OGRID!		
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		88241-	0837			_				Remon for I	lling Code	-
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30 - 0 31-			South	Hospah Lo		Sand					33070	in
0028	~ ~	670		South F		Preparty No.	LIBC				' Well Number 9	
		Locatio	n_									
	ection	Towaship	Range	Lot.lda	Feet fre	m the	North/S	outh Line	Feet from the	East/West I	ine County	—
В	12	17N			<u> </u>	330	N	orth	2051	East	McKinley	
	Ottom	Hole Lo		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1 5 . 4							
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I hereby certify that with and that the information to be information to be information and belief.	the rules mation giv	of the Oil Co en above is to	nservation Div	ision have been co the to the best of n	emplied		OIL	CONS	SERVATIO	N DIVIS	ION	
Signature:	NO.	mi.	15011		/	Approved by	:		276			
	Donn	le Hill			7	Title:	SU	PERV	77, \$ ISOR DISTI	RICT #3		
ille:	Presi	dent				pproval Dat			" 			
Date: 8-1-94			Phone: 505	-392-7681				S[P - 6 1994			
If this is a change o	operate	r fill in the C	GRID sumb	er and name of th	e previous	operator						!
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