

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

## 1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

## b. TYPE OF WELL

OIL  
WELL ☒GAS  
WELL ☐

OTHER

SINGLE  
ZONE ☒MULTIPLE  
ZONE ☐

## 2. NAME OF OPERATOR

Tenneco Oil Company

## 3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado

## 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

At proposed prod. zone

330 FNL, 2051 FEL

Unit Letter "B"

## 14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

## 16. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drg. unit line, if any)

## 16. NO. OF ACRES IN LEASE

40

17. NO. OF ACRES ASSIGNED  
TO THIS WELL

40

18. DISTANCE FROM PROPOSED LOCATION\*  
TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

## 19. PROPOSED DEPTH

1700

## 20. ROTARY OR CABLE TOOLS

Rotary

## 21. ELEVATIONS (Show whether DF, RT, GR, etc.)

7006 GR

## 22. APPROX. DATE WORK WILL START\*

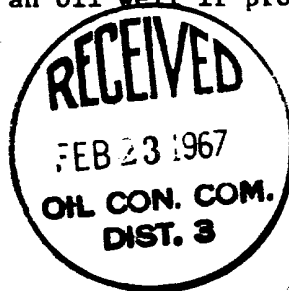
February 21, 1967

## 23.

## PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4	9-5/8	32.4#	90	Cmt to surface
8-3/4	7	23#	1700	150 sx minimum

We plan to drill to aprox TD 1700'. Run GRD and IES logs. Run casing as shown above, complete as an oil well if productive. Run tbg and conduct potential tests.



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FEB 21 1967

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

## 24.

SIGNED

Harold C. Nichols

TITLE Senior Production Clerk

DATE February 20, 1967

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

5 USGS, Farmington

1 File

\*See Instructions On Reverse Side

**NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACERAGE DEDICATION PLAT**

All distances must be from the outer boundaries of the Section

Operator <b>TENNECO OIL COMPANY</b>			Lease <b>HOSPAP</b>		Well No <b>9</b>
Unit Letter <b>B</b>	Section <b>12</b>	Township <b>17 North</b>	Range <b>9 West</b>	County <b>McKinley</b>	

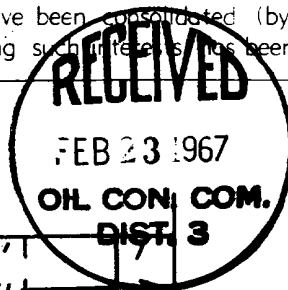
Actual Footage Location of Well:  
**330** feet from the **North** line and **2051** feet from the **East** line  
 Ground Level Elev. **7006'** Producing Formation **ungraded South Hospah Lower Sand** Pool **South Hospah Lower Sand** Dedicated Acreage: **NWNE/4 40** Acres

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 interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

( ) Yes ( ) No If answer is "yes," type of consolidation .....

If answer is "no," list the owners and tract descriptions which have actually consolidated. (Use reverse side of this form if necessary.) .....

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 interests, has been approved by the Commission.



**CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

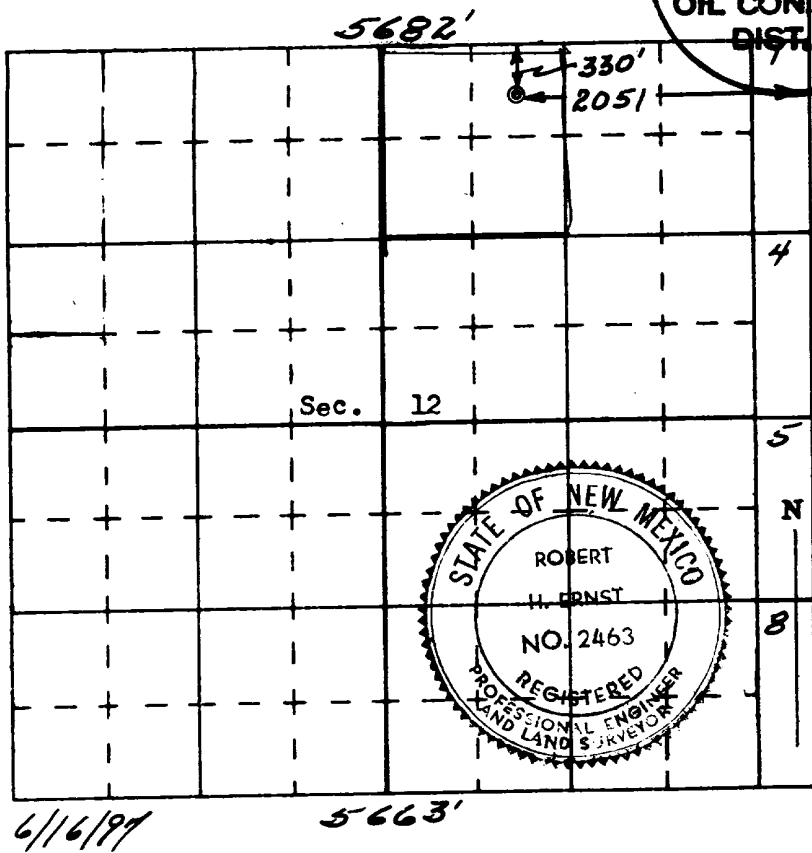
Name Harold C. Nichols  
 Position Senior Production Clerk  
 Company Tenneco Oil Company  
 Date February 20, 1967

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 supervision, and that the same is true and correct to the best of my knowledge and belief.

**20 January 1967**

Date Surveyed Robert H. Ernst  
 Registered Professional Engineer  
 and/or Land Surveyor

**Robert H. Ernst**  
**N. Mex. PE & LS 2463**  
 Certificate No.



**Ernst Engineering Co.**  
**Durango, Colorado**

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

HOSPAH NO. 9

<u>DEPTH</u>	<u>INCLINATION</u>
594'	3/4°
1010'	3/4°
1431'	1/2°
1905'	1-3/4°
2296'	2°
2767'	1-1/2°
3093'	2°
3431'	1/4°

A F F I D A V I T

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.



Signed G. A. Ford  
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.

MARIE L. POER  
MARIE L. POER  
P. O. Box 1714  
Durango, Colorado  
La Plata County, Colorado

Distribution:

- 1 Copy - New Mexico Oil Conservation Commission
- 1 Copy - File

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-31421.  
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 <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 81301	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FNL, 2051 FEL Unit B	10. FIELD AND POOL, OR WILDCAT Undes. Dakota
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-17-N, R-9-W
14. PERMIT NO.	12. COUNTY OR PARISH McKinley
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7006 Gr.	13. STATE New Mexico

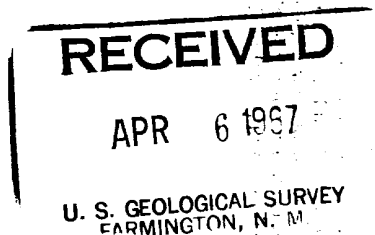
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 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 jts 7"  
20 and 23# J-55, and N-80 csg. Set at 3933. Cmtd w/670 cu. ft.cmt. Rel.  
rig 3/16/67. WO Comp.



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

SIGNED

*G. A. Ford*

TITLE Senior Production Clerk

DATE April 5, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved,  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. <b>NM 081208</b>	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR <b>Tenneco Oil Company</b>				7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 1714, Durango, Colorado 81301</b>				8. FARM OR LEASE NAME <b>Hospah</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <b>830 FNL, 2051 FEL</b> At top prod. interval reported below <b>Unit B</b> At total depth				9. WELL NO. <b>9</b>	
14. PERMIT NO.				DATE ISSUED	
15. DATE SPUDDED <b>3/8/67</b>				16. DATE T.D. REACHED <b>3/15/67</b>	
17. DATE COMPL. (Ready to prod.) <b>4/18/67</b>				18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <b>2006 Gr.</b>	
19. ELEV. CASINGHEAD <b>7086</b>				20. TOTAL DEPTH, MD & TVD <b>3945</b>	
21. PLUG, BACK T.D., MD & TVD <b>2890</b>				22. IF MULTIPLE COMPL., HOW MANY* <b>---</b>	
23. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD) <b>1645</b>				24. WAS DIRECTIONAL SURVEY MADE <b>Yes</b>	
25. TYPE ELECTRIC AND OTHER LOGS RUN <b>Dual Induction, Gr-Sonic, Gr-Density-Caliper</b>				26. WAS WELL CORED <b>No</b>	
27. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
<b>10-3/4</b>	<b>32.75</b>	<b>86</b>	<b>15</b>	<b>90 ex</b>	<b>None</b>
<b>7</b>	<b>23#</b>	<b>3933</b>	<b>8-3/4</b>	<b>670 cu ft cnt.</b>	
28. LINER RECORD					
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	
30. TUBING RECORD					
SIZE	DEPTH SET (MD)	PACKER SET (MD)			
<b>2-3/8</b>	<b>1620</b>	<b>3291</b>			
31. PERFORATION RECORD (Interval, size and number)					
<b>1645 2 holes</b>					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)			AMOUNT AND KIND OF MATERIAL USED		
<b>Cnt retainer</b>			<b>set at 2890 w/170 ex cnt.</b>		
33. PRODUCTION					
DATE FIRST PRODUCTION <b>4/19/67</b>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <b>Pump</b>			WELL STATUS (Producing or shut-in) <b>Pumps</b>
DATE OF TEST <b>4/18/67</b>	HOURS TESTED <b>24</b>	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.
		<b>42 BOPD</b>			<b>1r.</b>
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					TEST WITNESSED BY
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <b>E. A. Ford</b>		TITLE <b>Senior Production Clerk</b>		DATE <b>April 19, 1967</b>	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**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 agency, or both, pursuant to applicable Federal and/or 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 prior to the time 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.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 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. **Items 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 interval, or 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 each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS		
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
Hospah	1562	1625	Sand - Oil	Pt. Lookout	313	
Gallup	1625	1730	Sand - Oil to 1616	Mancos	535	
Dakota	2465	2500	Sand - Gas	Hospah	1562	
Dakota	2570	2595	Sand - Gas	Gallup	1625	
Dakota	2630	2660	Sand - Gas	Dakota	2485	
Morrison	2718	2765	Sand - Gas & Wtr.	Morrison	2718	
Morrison	2880	2920	Sand - Wtr.	Todilte	3733	
"	2985	3000	"	Entrada	3790	
"	3040	3075	"			
"	3100	3185	"			
Entrada	3790	3930	"			

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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

B.T.

I. Operator

**Tenneco Oil Company**

Address

**P. O. Box 1714, Durango, Colorado 81301**

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐

Other (Please explain)

**[REDACTED]**

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, Including Formation	Kind of Lease
<b>Hospah</b>		<b>9</b>	<b>South Hospah Lower Sand</b>	State, Federal or Fee <b>Fed.</b>
Location				
Unit Letter <b>B</b>	<b>330</b>	Feet From The <b>North</b> Line and <b>2051</b>	Feet From The <b>East</b>	
Line of Section <b>12</b>	Township <b>17N</b>	Range <b>9W</b>	<b>NMPM, McKinley</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
<b>Rock Island Oil and Refining</b>	<b>P. O. Box 328, Farmington, New Mexico</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<b>B</b>	<b>12</b>	<b>17</b>	<b>9</b>		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<b>X</b>	<b>X</b>		<b>X</b>					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<b>3/8/67</b>	<b>4/18/67</b>	<b>3890</b>	<b>2890</b>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>7006 Gr.</b>	<b>South Hospah Lower Sd.</b>	<b>1645</b>	<b>1620</b>					
Perforations						Depth Casing Shoe		
<b>1645 w/2 holes</b>						<b>3933</b>		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>15</b>	<b>10-3/4</b>	<b>86</b>	<b>90 sx</b>					
<b>8-3/4</b>	<b>7</b>	<b>3933</b>	<b>670 cu ft.</b>					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<b>4/19/67</b>	<b>4/18/67</b>	<b>Pump</b>	
Length of Test	Tubing Pressure	Casing Pressure	Check Valve
<b>24 hours</b>			<b>RELEASED</b>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	<b>APR 19 1967</b>
<b>42 BOPD</b>	<b>42 BOPD</b>	<b>Tr.</b>	<b>OIL CON. COM. DIST. 3</b>

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Check Valve
			<b>RELEASED</b>
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Check Valve
			<b>APR 19 1967</b>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

**G. A. Ford**

**Senior Production Clerk**

**April 19, 1967**

OIL CONSERVATION COMMISSION

**APR 20 1967**

APPROVED BY **Original Signed by Emery C. Arnold**

**SUPERVISOR DIST. #9**

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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

South Hospah Lower Sand

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

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 ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado 81301

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

330 FNL, 2051 FEL

Unit B

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

7005 Gr.

## 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 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.)\*

4/3/67. Perf 3180, 3100, 3047, 2990, 2915 w/2 holes. Swbd, rec. salt wtr. Perf 3793, 3803 w/2 holes, rec salt wtr. Set 7" pkr at 3291. Set cmt retainer and 2890. Cmt w/170 sx cmt. Perf 1645 w/2 holes. Ran 51 jts 2-3/8" tbg landed at 1620. Ran pump and rods. Rel rig. WO Test.



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

SIGNED

G. A. Ford

TITLE

Senior Production Clerk

DATE

April 19, 1967

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

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	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator <b>Tenneco Oil Company</b>		
Address <b>P. O. Box 1714, Durango, Colorado 81301</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	<b>Change of Transporter Only.</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hospah</b>	Lease No.	Well No. <b>9</b>	Pool Name, including Formation <b>South Hospah Lower Sand</b>	Kind of Lease State, Federal or Free <b>Fed.</b>
Location Unit Letter <b>B</b> ; <b>330</b> Feet From The <b>North</b> Line and <b>2051</b> Feet From The <b>East</b>				
Line of Section <b>12</b> Township <b>17N</b> Range <b>9W</b> , NMPM, <b>McKinley</b> County				

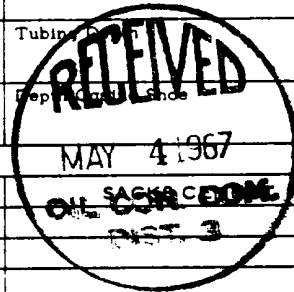
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 1588, Farmington, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <b>B</b>	Sec. <b>12</b>
	Twp. <b>17</b>	Rge. <b>9</b>
	Is gas actually connected? <input type="checkbox"/> When	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations		Dep. of Shoe						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET					



V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

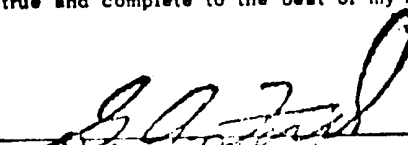
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
G. A. Ford (Signature)  
Senior Production Clerk  
(Title)  
Tenneco Oil Company  
May 3, 1967 (Date)

OIL CONSERVATION COMMISSION

MAY 4 1967

APPROVED \_\_\_\_\_  
Original Signed by Emery C. Arnold  
BY \_\_\_\_\_  
SUPERVISOR DIST. #3  
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.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

South Hospah Lower Sand

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

Section 12, T-17-N, R-9-W

12. COUNTY OR PARISH

McKinley

13. STATE  
New Mex

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado 81301

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

330' FNL, 2051 FEL

Unit B

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

7005 Gr.

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 ☐

Squeeze perfs & re-perf ☒

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 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.)\*

We plan to squeeze cement Lower Hospah Sand perforations @ 1645.  
Drill out to 3830. Perforate Entrada Sand @ 3800-3829 for water source.

RECEIVED

JAN 13 1968

U. S. GEOLOGICAL SURVEY

RECEIVED

JAN 19 1968

OIL CON. COM. DIST. 3

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

SIGNED

M. K. Wagner

TITLE

DATE

1/17/1968

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

South Hospah Lower Sand

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

Sec 12, T-17-N, R-9-W

12. COUNTY OR PARISH 13. STATE

McKinley New Mexico

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

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado 81301

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

330 FNL, 2051 FEL

Unit B

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7006 Gr.

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 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.)\*

We plan to perforate two holes per foot @ 1630-1644 for additional production.



RECEIVED

MAR 14 1968

U. S. GEOLOGICAL SURVEY  
FARMING

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

SIGNED

M. K. Wagner  
M. K. Wagner

TITLE

DATE 3/13/68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

(USGS 5)

\*See Instructions on Reverse Side



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

South Hospah Lower Sand

11. SEC., T., R., OR BLK. AND SURVEY OR AREA

Sec 12, T-17-N, R-9-W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 1714, Durango, Colorado 81301

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

330 FNL, 2051 FEL

Unit B

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7005 Gr.

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 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.)\*

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.



RECEIVED

MAR 27 1968

U. S. GEOLOGICAL SURVEY  
FARMING

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

SIGNED

*M. K. Wagner*  
M. K. Wagner

TITLE

DATE 3/26/68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS (5)

\*See Instructions on Reverse Side

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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		1
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

TRANSPORTER CHANGED FROM SHELL  
OIL COMPANY TO SHELL PIPE LINE  
CORPORATION EFFECTIVE 12/31/69

I. Operator  
Tenneco Oil Company  
Address  
P. O. Box 1714, Durango, Colorado 81301  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☒ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah	Well No. 9	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease State, Federal or Fee Fed	Lease No. NM 081208
Location Unit Letter B ; 330 Feet From The North Line and 2051 Feet From The East Line of Section 12 Township 17N Range 9W , NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1588, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations Perforated 1630-1644 w/2 holes per foot.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test 3/16/68	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 67	Water-Bbls. 8	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

M. K. Wagner  
M. K. Wagner (Signature)

(Title)

4/3/68

(Date)

OIL CONSERVATION COMMISSION

APR 4 1968

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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.

DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(Other instructions on reverse side)

FORM 10-72 (Rev. 10-62) NO. 42-1141

2. LEASE DESIGNATION AND SERIAL NO.

NM. 08-1208 8269  
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME LOWER HOSPAH
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' N L and 2051' F L, Unit B		10. FIELD AND POOL, OR WILDCAT SOUTH HOSPAH
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 12 T17N, R9W
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7010' 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PERFORATE

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 and 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.)\*

1. MIRU PU
2. PULL RODS, PUMP, & TBG
3. PERFORATE 4 JSPF 1630-52' w/ 4" CSG GUN (Lower Hospah)
4. RERUN TBG, RODS & PUMP. TEST WELL.
5. INSTALL LARGER LIFT EQUIP AS REQUIRED

RECEIVED

MAY 15 1978

U. S. GEOLOGICAL SURVEY  
WASHINGTON, D. C.

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

SIGNED

TITLE: Div. Production Manager

DATE 5-9-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Okai

May 1967

DEPARTMENT OF THE INTERIOR (Front 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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		2. LESSOR, LESSOR'S ADDRESS AND SERIAL NO. NM - 8269
2. NAME OF OPERATOR Tenneco Oil Company		3. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		4. FARM OR LEASE NAME LOWER HOSPAH
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 ' FNL and 2051 ' FEL, Unit		5. WELL NO. 9
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT SOUTH HOSPAH
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7010 ' KB		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA SEC 12, T17N, R9W
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) PERFORATE	<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.)\*

MIRPUP. PERF'D LOWER HOSPAH 1630 - 52' w/ 4 JSPF. AN ADDITIONAL 7' OF PAY. TOTAL PAY OPEN 69%. RAN PUMP & TBG. HUNG WELL ON.

BEFORE WORK: 34 BOPD, 344 BWPD

AFTER WORK : 38 BOPD, 380 BWPD  
(STILL PUMPING OFF WELL)

RECEIVED

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

SIGNED

*Carley Watson*

TITLE: Administrative Supervisor

DATE

5/24/78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
Tenneco Oil Company
3. ADDRESS OF OPERATOR  
720 So. Colo. Blvd., Denver, Co. 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FNL & 2051' FEL, Unit B  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)		

5. LEASE  
NM 08 1208 NM-12335
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Lower Hospah
9. WELL NO.  
9
10. FIELD OR WILDCAT NAME  
South Hospah
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
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7010' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

The perforations for this well were never stimulated. We propose to acidize via the following procedure:  
MIRUPU. RIH w/Baker Model "E" circulating washer and acidize perfs @1630' - 1652' w/924 gal 15% MCA. Swab back load. POOH. Run tbq, pump, & rods, and place well on production.

Verbal approval by Phil McGrath on 4/12/79.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Curley Matthews TITLE Admin. Supervisor DATE 4/20/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**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 Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices.** In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

12. ELAVATION  
7000  
13. GRAVITY  
32.17  
14. WIND  
S.W. 10  
15. CLOUDS  
B. 1000  
16. TEMPERATURE  
50.0  
17. HUMIDITY  
60.0  
18. PRESSURE  
30.0  
19. WIND DIRECTION  
S.W.  
20. WIND VELOCITY  
10  
21. WIND FORCE  
10  
22. WIND STATE  
S.W.  
23. WIND EFFECT  
S.W.  
24. WIND EFFECT  
S.W.  
25. WIND EFFECT  
S.W.  
26. WIND EFFECT  
S.W.  
27. WIND EFFECT  
S.W.  
28. WIND EFFECT  
S.W.  
29. WIND EFFECT  
S.W.  
30. WIND EFFECT  
S.W.

1. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE  
 REPORT OF OTHER DATA  
 REQUEST FOR APPROVAL FOR  
 TEST WATER SHUTOFF  
 TREATMENT TREAT  
 SHOOT OF ACIDIZE  
 REPAIR WORK  
 FLOW OR FILTER CASING  
 MULTIPLE COMPLETS  
 CHANGE ZONES  
 ABANDON  
 (CONT.)

SUBSEQUENT REPORT ON:

Verbal approval by Phil McGarth on 1/12/78.

APPROVED BY \_\_\_\_\_  
 (CONDITIONS OF APPROVAL IF ANY)  
 \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_

---

(This space for Federal or State Office Use)

SIGNED \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 DATE \_\_\_\_\_

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

Subsurface Safety Valve Manual and Type \_\_\_\_\_

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐  
2. NAME OF OPERATOR  
Tenneco Oil Company  
3. ADDRESS OF OPERATOR  
720 So. Colorado Blvd., Denver, CO. 80222  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330' FNL & 2051' FEL, Unit B  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☒  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE  
NM-12335  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Lower Hospah  
9. WELL NO.  
9  
10. FIELD OR WILDCAT NAME  
South Hospah  
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  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7010' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carley Statton TITLE Admin. Supervisor DATE 5/18/79

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

**Instructions**

**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 Indian lands pursuant to applicable Federal law and regulations; and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law 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.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

GPO : 1976 O - 214-148

1. PROPOSED ABANDONMENT OF WELL  
2. PROPOSED REPAIR OF WELL  
3. PROPOSED PLUGGING OF WELL  
4. PROPOSED CEMENTING OF WELL  
5. PROPOSED GRouting OF WELL  
6. PROPOSED DRILLING OF WELL  
7. PROPOSED TESTING OF WELL  
8. PROPOSED CLEANING OF WELL  
9. PROPOSED DECOMMISSIONING OF WELL  
10. PROPOSED REMEDIATION OF WELL  
11. PROPOSED RESTORATION OF WELL  
12. PROPOSED MONITORING OF WELL  
13. PROPOSED MAINTENANCE OF WELL  
14. PROPOSED INSPECTION OF WELL  
15. PROPOSED REPORTING OF WELL  
16. PROPOSED RECORDING OF WELL  
17. PROPOSED ARCHIVING OF WELL  
18. PROPOSED DISPOSAL OF WELL  
19. PROPOSED REUSE OF WELL  
20. PROPOSED REPAIR OF WELL

APPROVED BY: \_\_\_\_\_  
SIGNED: \_\_\_\_\_  
DATE: \_\_\_\_\_  
SUBMITTER: \_\_\_\_\_  
SUBMITTER TYPE: \_\_\_\_\_  
SUBMITTER ADDRESS: \_\_\_\_\_  
SUBMITTER PHONE: \_\_\_\_\_  
SUBMITTER FAX: \_\_\_\_\_  
SUBMITTER E-MAIL: \_\_\_\_\_  
SUBMITTER WEBSITE: \_\_\_\_\_  
SUBMITTER COMMENTS: \_\_\_\_\_

1. LOCATION OF WELL (REPORT LOCATION CLEARLY, SEE SPECIFIC INSTRUCTIONS)  
2. LOCATION OF OPERATIONS (REPORT LOCATION CLEARLY, SEE SPECIFIC INSTRUCTIONS)  
3. LOCATION OF OPERATIONS (REPORT LOCATION CLEARLY, SEE SPECIFIC INSTRUCTIONS)  
4. LOCATION OF OPERATIONS (REPORT LOCATION CLEARLY, SEE SPECIFIC INSTRUCTIONS)  
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19. LOCATION OF OPERATIONS (REPORT LOCATION CLEARLY, SEE SPECIFIC INSTRUCTIONS)  
20. LOCATION OF OPERATIONS (REPORT LOCATION CLEARLY, SEE SPECIFIC INSTRUCTIONS)

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

I. Operator  
TENNECO OIL COMPANY  
Address  
Box 3249, Englewood, CO 80155  
Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hospah	Well No. 9	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease Federal	Lease No. NM-081208
Location Unit Letter <u>B</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>2051</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>17N</u> Range <u>9W</u> , NMPM, <u>McKinley</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> CINIZA PIPELINE	Address (Give address to which approved copy of this form is to be sent) Box 1887, Bloomfield, NM 87413	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 12
	Twp. 17N	Rge. 9W
	Is gas actually connected? _____ When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Ronise Wilson  
(Signature)  
Production Analyst  
(Title)  
November 18, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 29 1982, 19 \_\_\_\_\_

BY Original Signed by \_\_\_\_\_

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

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.

## OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator Citation Oil & Gas Corp.

Address 16800 Greenspoint Park Drive Suite 300 South Atrium  
Houston, Texas 77060-2304

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner Tenneco Oil Company, P.O. Box 3249, Englewood, CO 80155

## II. DESCRIPTION OF WELL AND LEASE

Lease Name HOSPAN Well No. 9 Pool Name, Including Formation SOUTH HOSPAN LOWER SAND Kind of Lease FEDERAL Lease No. 12335

Location NM-08208

Unit Letter B : 330 Feet From The NORTH Line and 2051 Feet From The EAST

Line of Section 12 Township 17N Range 9W , NMPM, MCKINLEY County

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) Box 1887, Bloomfield, NM 87413

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit B Sec. 12 Twp. 17N Rge. 9W Is gas actually connected? ☐ When

If this production is commingled with that from any other lease or pool, give commingling order number:

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

## TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

NOV 20 1987

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Debra Harris  
(Signature)

Debra Harris, Production Coordinator  
(Title)

11/17/87; Effective Date 11/1/87  
(Date)

## OIL CONSERVATION DIVISION

NOV 20 1987

APPROVED

BY

TITLE

SUPERVISION DISTRICT # 3

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.

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

Form C-103  
Revised 10-1-73

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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name SO. Hospah UNIT
9. Well No. 5
10. Field and Pool, or Wildcat South Hospah Upper SAND
12. County McKinley

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☐ OTHER- waterflood injection well

Name of Operator  
Citation Oil & Gas Corp.

Address of Operator  
P.O. Box 3032 Odessa, TX 79760

Location of Well  
UNIT LETTER B 990 FEET FROM THE North LINE AND 2712 FEET FROM  
THE East LINE, SECTION 12 TOWNSHIP 17N RANGE 9W NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

REPAIR REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
REPAIR OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Attempt to repair csg leak from 5/16 - 5/31/91 as follows:

- 1) MIRUSU. POOH w/pkr. RIH w/RBP. Set RBP @ 1500'. PT RBP to 500 psi.
- 2) RIH w/tension pkr. Isolate leak interval from 95-98'.
- 3) RIH w/ 1 jt tbq. NUWH.
- 4) Est. pump-in rate of 2 BPM @ 230 psi.
  - a) RU Howco to cmt squeeze leaks w/ 185 sx class "B" cmt w/ 10% Cal Seal & 1% CCL in 3 stages as follows:
    - 1) Mix & displace 85 sx @ 2 BPM & 250 psi. Overdisplace leaks by 7 bbl wtr. SDFN.
    - 2) Mix & displace 50 sx @ 2 BPM & 280 psi. Overdisplace leaks by 7 bbl wtr. SDF/ 3 hrs.
    - 3) Mix & displace 50 sx @ 2 BPM & 275 psi. Stage sqz cmt. SD for 3 days.
- 5) RIH w/ bit & D.C.S. TOC @ 47'. D.O. cmt to 105'. PT csg to 125 psi. Bled to 10 psi.
- 6) POOH w/ RBP. RIH w/ pkr. Circ hole w/ pkr fluid. Set pkr @ 1499'. NUWH. Left well SI for pending NMOCD variance on MIT rules.

RECEIVED

JUN 10 1991

OIL CON. DIV

DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

TITLE PROD. SUPT.

DATE 6/5/91

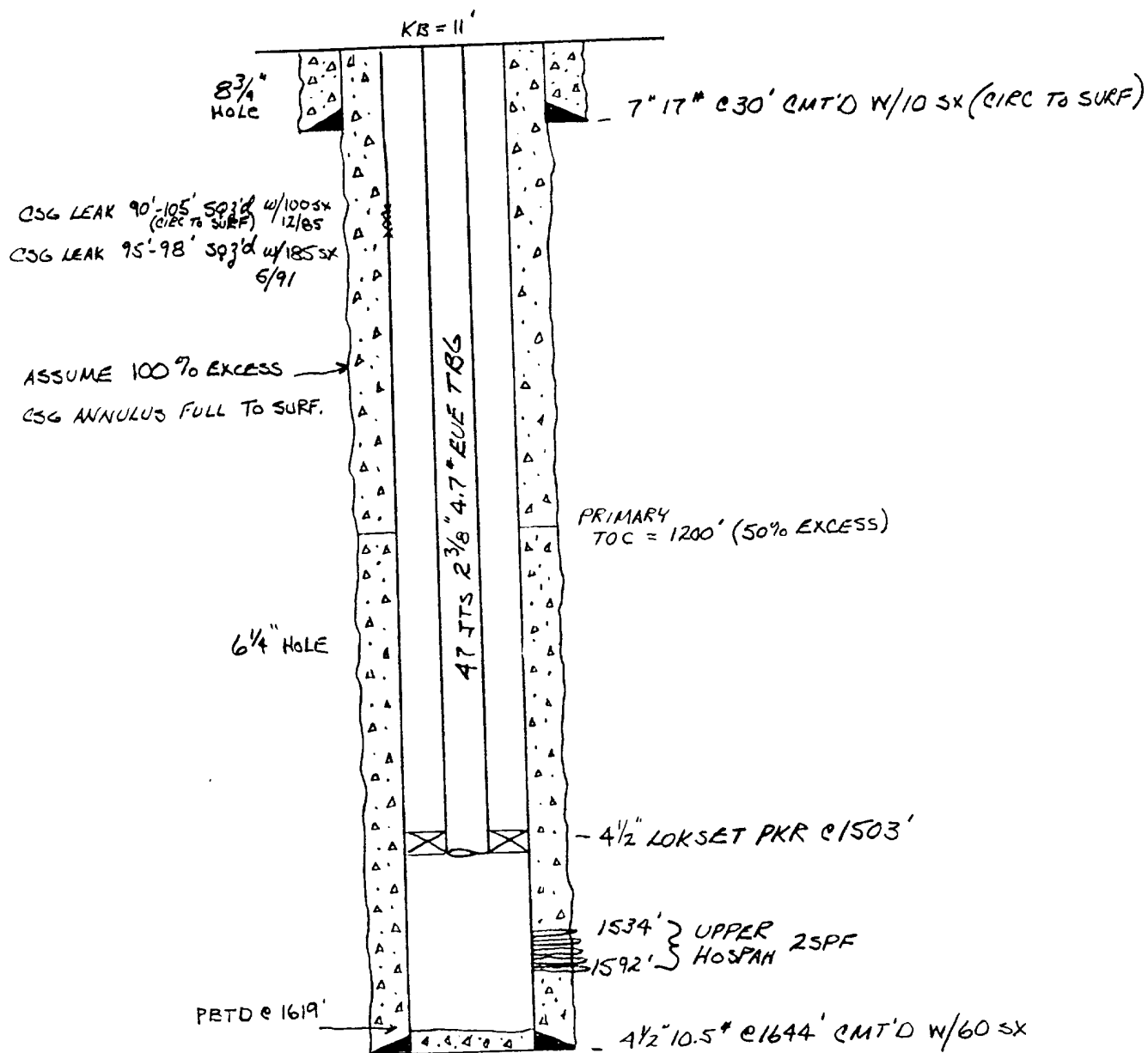
DEPUTY OIL & GAS INSPECTOR, DIST. #3

JUN 10 1991

## General Purpose Worksheet

Subject	HOSPAN UPPER #5WIW		Page No.	Of
File	SEC 12 T17N, R9W	MCKINLEY CO. NM	By	KANE
			Date	6-5-91

### CURRENT STATUS



# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

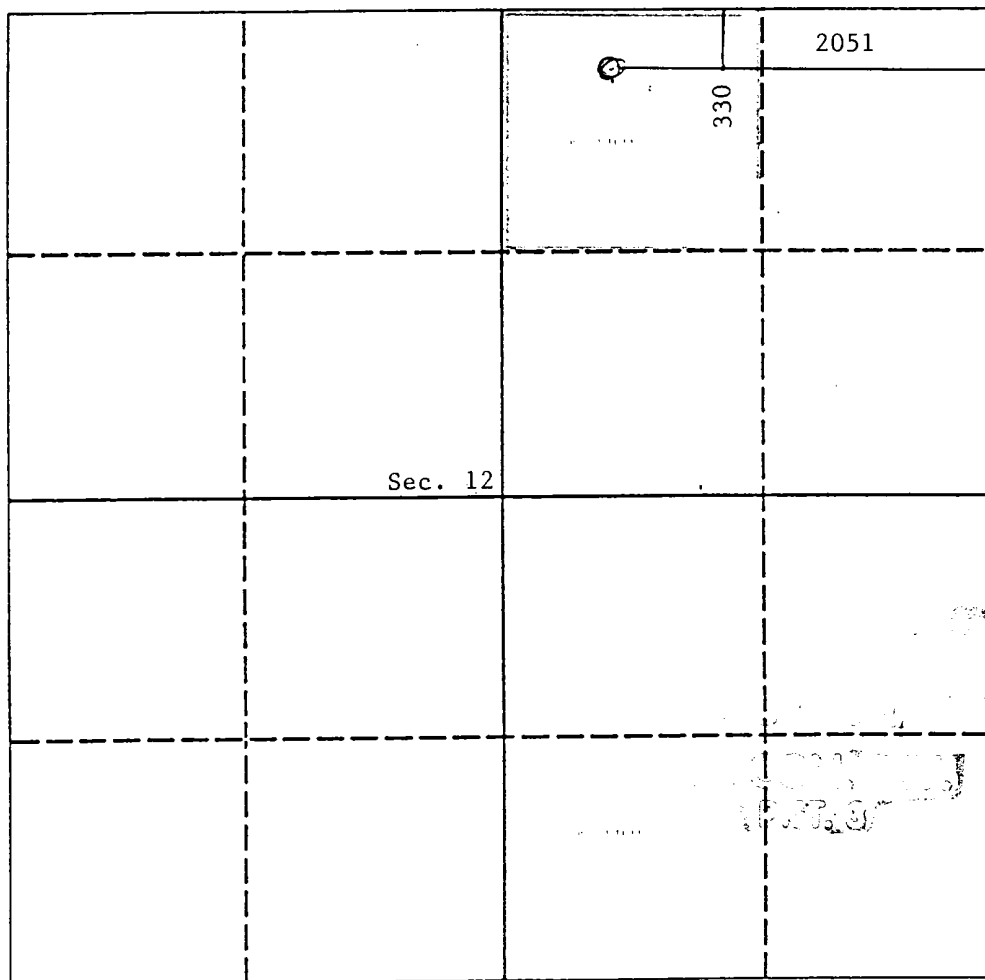
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Citation Oil & Gas Corp.			Lease South Hospah Unit		Well No. 9
Unit Letter B	Section 12	Township 17N	Range 9W	County NMPM	McKinley
Actual Footage Location of Well: 330 feet from the North line and 2051 feet from the East line					
Ground level Elev. 7006	Producing Formation South Hospah Lower Sand		Pool South Hospah Lower Sand		Dedicated Acreage: 40 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). \_\_\_\_\_  
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

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

*Sharon Ward*

Signature

Sharon Ward

Printed Name

Prod. Reg. Supv

Position

Citation Oil & Gas Corp.

Company

2-15-94

Date

### SURVEYOR CERTIFICATION

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 supervision, 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.

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0

OIL CONSERVATION DIVISION

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

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Citation Oil & Gas Corp.		Well API No. 30-031-20013
Address 8223 Willow Place S. Ste 250 Houston, Texas 77070		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) <i>from Hospah</i>		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	To show correct well name "Hospah"
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Hospah Unit	Well No. 9	Pool Name, including Formation South Hospah Lower Sand	Kind of Lease <del>State</del> Federal or <del>Free</del>	Lease No. NM-12335
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2051</u> Feet From The <u>East</u> Line 12 Section 17N Township 9W Range, NMPM, McKinley County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Box 1887 Bloomfield, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>12</u> Twp. <u>17N</u> Rge. <u>9W</u>
Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Sharon Ward*  
Signature  
Sharon Ward Prod. Reg. Supv.  
Printed Name Title  
2-15-94 713-469-9664  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 26 1994  
By ORIGINAL SIGNED BY ERNIE BUSCH  
Title DEPUTY OIL & GAS INSPECTOR, DIST. 3

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

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

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

RECEIVED  
SEP - 6 1994  
OIL CON. DIV.  
DIST. 3

Form C-10  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address BC & D Operating, Inc. P.O. Box 837 Hobbs, NM 88241-0837		OGRID Number 025670
AUG - 1 1994		Reason for Filing Code CH
API Number 30 - 0 31- 20013	Pool Name South Hospah Lower Sand	Pool Code 33070
Property Code 002837 15670	Property Name South Hospah Unit	Well Number 9

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
B	12	17N	9W	-	330	North	2051	East	McKinley

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
B	12	17N	9W	-	330	North	2051	East	McKinley
Lee Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
004502	Ciniza Pipeline Inc.	0746510	0	A 12 17N 09W

IV. Produced Water

POD	POD ULSTR Location and Description
0746550	A 12 17N 09W

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Donnie Hill

Title:

President

Date:

8-1-94

Phone:

505-392-7681

OIL CONSERVATION DIVISION

Approved by:

378

Title:

SUPERVISOR DISTRICT #3

Approval Date:

SEP - 6 1994

If this is a change of operator fill in the OGRID number and name of the previous operator

004544

Citation Oil & Gas Corp.

Previous Operator Signature

Sharon Ward

Printed Name

Sharon Ward

Title

Prod. Reg. Supv.

Date

8-1-94