

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 THIRE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

8

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

Tanneco 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.*
See also space 17 below.)
At surface

1650 FNL, 2051 FEL

Unit G

14. PERMIT NO.

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

6977 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) ☐

Completion

REPAIRING WELL ☐

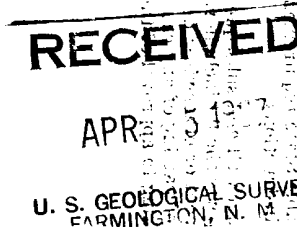
ALTERING CASING ☐

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.)*

RU, ran cmt bond log, csg collar log and gamma ray. Perf 1613 w/2 holes.
Ran 53 jts 2-7/8" tbg, set at 1581. Swbd well in, rel rig, now waiting
on pumping unit.



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

SIGNED

TITLE Senior Production Clerk

DATE 4/4/67

(This space for Federal or State office use)

APPROVED BY

TITLE

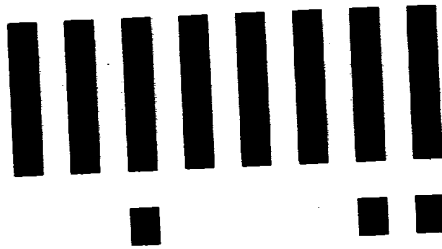
DATE

CONDITIONS OF APPROVAL, IF ANY:

5 USGS

1 File

*See Instructions on Reverse Side



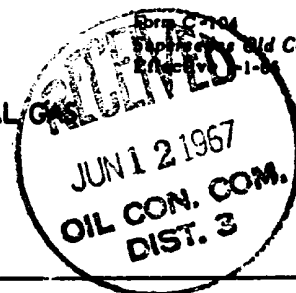
LTR



Job separation sheet

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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



I. Operator
Tenneco Oil Company
Address
P. O. Box 1714, Durango, Colorado
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. 8	Pool Name, Including Formation South Hospah Lower Sand	Kind of Lease State, Federal or Fee Fed	Lease No. NM-081208
Location Unit Letter G : 1650 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 G	Sec. 12	Twp. 17	Rge. 9	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'y. <input type="checkbox"/>	Diff. Res'y. <input type="checkbox"/>
Date Spudded 3/17/67	Date Compl. Ready to Prod. 6/7/67		Total Depth 1709		P.B.T.D. 1669			
Elevations (DF, RKB, RT, GR, etc.) 6977 Gr.	Name of Producing Formation South Hospah Lower Sand		Top Oil/Gas Pay 1613		Tubing Depth 1581			
Perforations 1613					Depth Casing Shoe 1687			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15	10-3/4		55		50			
8-3/4	7		1687		110 ³			

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 6/7/67	Date of Test 6/7/67	Producing Method (Flow, pump, gas lift, etc.) Pmpg	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size 3/4
Actual Prod. During Test	Oil - Bbls. 30 BOPD	Water - Bbls. 0	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 (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)

June 9, 1967 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 12 1967

Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 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.