

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Director's Order No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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.)

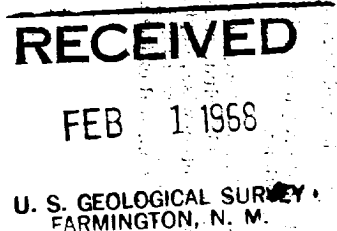
1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		6. LEASE DESIGNATION AND SERIAL NO. NM 081208
2. NAME OF OPERATOR Tenneco Oil Company		7. IF INDIAN, ALLEOTTER OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 1714, Durango, Colorado 8301		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1700 FNL, 1300 FWL		8. FARM OR LEASE NAME Hospah
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7057 Gr.		10. FIELD AND POOL, OR WILDCAT South Hospah Upper Sand
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 12, T-17-N, R-9-W
		12. COUNTY OR PARISH McKinley
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	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) ☐		(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.)*

1/23/68. MI. Ran Gamma Ray and correlation log.
Perf 1650-60 w/2 shots/ft. Ran tbg to 1600, ran
rods and pump. WO Test.



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

SIGNED [Signature] TITLE _____ DATE 1/30/68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
USGS (5)

*See Instructions on Reverse Side