

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.

16

10. FIELD AND POOL, OR WILDCAT

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

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

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

1755 FNL, 2330 FWL

14. PERMIT NO.

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

7017 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 ☐

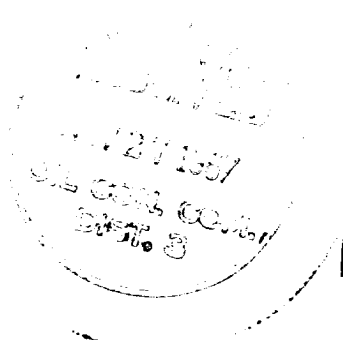
ALTERING CASING ☐

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.)*

Spud 11/9. Set 1 joint 7-5/8" 26# casing @ 59' cmtd w/50
sx. WOC. Cmt circ. Drilled to T.D. 1710 on 11/10/67.
Ran IES and Density lgs. Ran 92 jts 4-1/2" 10.5# casing set
@ 1692. Cmtd w/200 sx. WOC. Released rig 11/10/67. WO
Comp.



RECEIVED

NOV 22 1967

U. S. GEOLOGICAL SURVEY
FARMING J. N.

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

SIGNED

M. K. Wagner
M. K. Wagner

TITLE

DATE November 20, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: