

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.

17

10. FIELD AND POOL, OR WILDCAT

South Hospah Upper 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

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

2250
2200 FNL, 3000 FWL, Section 12.

14. PERMIT NO.

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

6996 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 11/11. Ran 1 joint of 7-5/8" casing to 59', cmtd w/50 sx.
WOC. Cmt circ. Drilled to T.D. 1787 on 11/12/67. Ran IES, Sonic
and Density logs. Ran 52 jts of 4-1/2" 10.5# casing set and cmtd
@ 1691 w/200 sx. WOC. Released rig 6 AM 11/13. WO Comp.

RECEIVED

NOV 22 1967

U. S. GEOLOGICAL SURVEY
FARMING

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

SIGNED

M. K. Wagner

TITLE

DATE November 20, 1967

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE