

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-8269

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

36

10. FIELD AND POOL, OR WILDCAT

Hospah South (Lower Sand

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

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

14. PERMIT NO.

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

7016' GR

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:

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) Conversion to G/W Inj. Well

REPAIRING WELL

ALTERING CASING

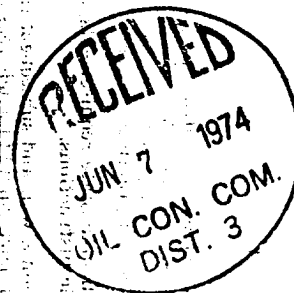
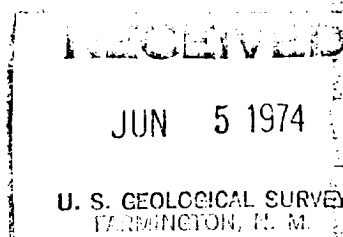
ABANDONMENT\*

(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.)\*

Moved in service unit, pulled rods, pump and tubing. Went in hole with Model AD-1 Tension Packer and 49 joints 2-7/8" 6.4# J-55 internally plastic coated tubing and set packer at 1549'. Hooked up gas and water lines and started injection.

Injection rates are: 100 MCF/D and 800 BWP/D @ 250 psi.



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

SIGNED

TITLE Sr. Production Clerk

DATE 6/4/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE