

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Convert to Dual Producer	5. LEASE DESIGNATION AND SERIAL NO. NM - 8269
2. NAME OF OPERATOR TENNECO OIL COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203	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 1280' F/NL and 1280' F/WL (NW/4 NW/4)	8. FARM OR LEASE NAME Hospah
	9. WELL NO. 37X
	10. FIELD AND POOL, OR WILDCAT Upper & Lower Hospah
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T17N, R9W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7060 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Convert to Dual <input checked="" type="checkbox"/>		(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.)\*

Pull rods and tubing, check PBTD of 1667'. Perforate upper Hospah sand est. 1584-1626', set Baker model Packer w/expendable plug at 1630'. Run packer and tubing and acidize perfs. w/250 gals. mud acid and 250 gals. 15%, swab test, pull tubing and packer, Frac treated perfs. w/5000 gal. lease oil and 5000 lbs. 20 40 mesh sand if required. Run 2-7/8" slim hole tubing and circulate packer clean, expend plug packer. Run string of 2-3/8" slim hole tubing. Run rods and pumps and put on production.

Reference N. M. case No. 4330 - Order No. R-3943 for Dual Completion.

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

SIGNED

TITLE

SR. Product

DATE

4-9-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side