

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☐ well other Water Injection

2. NAME OF OPERATOR
Tenneco Oil

3. ADDRESS OF OPERATOR
P.O. Box 3249 Englewood CO 80155

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 5FNL 1655FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

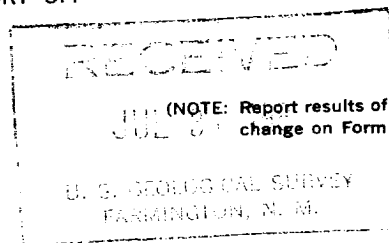
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐
☐



5. LEASE
NM - 081028

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hospah

9. WELL NO.
41

10. FIELD OR WILDCAT NAME
South Hospah, Lower Hospah

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 12 T17N R9W

12. COUNTY OR PARISH McKinely 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW OF, KDB, AND WD)
7004' ground

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.)*

7/16/81 MIRUSU. POOH with 1-1/2" TBG. Unable to release TBG from model PKR. Rum chemical cutter inside TBG & cut off above PKR.

7/18/81 RIH with TBG with wash pipe & overshot mill. Tag scale @ 1552' milled to 1555. mill stopped making hole. POOH 2IH with TBG & 4-3/4" bit drilled to 1568'. Started getting metal shavings back and not making hole. Casing is collapsed POOH with TBG. RDMOSU

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED

TITLE Production Analyst DATE _____

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

AUG 7 1981

*See Instructions on Reverse Side

NMOCC

BY RB
FARMINGTON DISTRICT