

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u></p> <p>2. NAME OF OPERATOR <u>Tenneco Oil Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 3249 Englewood, CO 80155</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1650 FEL</u> <u>5' FNL, 1655' FEL</u></p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>NM 081078 NM 12325</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Hospah</u></p> <p>9. WELL NO. <u>41</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>South Hospah, Lower Hospah</u></p> <p>11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA <u>Sec. 12, T17N, R9W</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>McKinley</u> <u>NM</u></p>
<p>15. ELEVATIONS (Show whether DF, HT, GR, etc.) <u>7004' GR</u></p>	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) _____	

(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.)*

The lease number has been permanently marked on the monument as of August 19, 1987.

RECEIVED
SEP 29 1987
OIL CON. DIV.
DIST. 3

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

SIGNED M. M. Pradie TITLE Administrative Analyst DATE Sept. 16, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE SEP 27 1987

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

*See Instructions on Reverse Side

NMOCC