

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 052931

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Tesoro Petroleum Corporation</u>		8. FARM OR LEASE NAME <u>Hanson</u>	
3. ADDRESS OF OPERATOR <u>8520 Crownhill Boulevard, San Antonio, Texas 78209</u>		9. WELL NO. <u>18</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface Unit Letter M</u> <u>5' from the South Line and 20' from the West Line</u>		10. FIELD AND POOL, OR WILDCAT <u>South Hospah-Upper Sand</u>	
14. PERMIT NO. <u>?</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 6, T17N, R8W, NMPM</u>	
15. ELEVATIONS (Show whether DE, RT, GR, etc.) <u>6929' GL 6941' RKB</u>		12. COUNTY OR PARISH <u>McKinley</u>	
		13. STATE <u>New Mexico</u>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

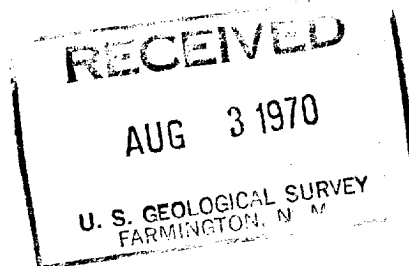
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Completion</u>	<u>XX</u>

(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.)\*

6-11-70: Ran Dresser-Atlas Strip Log and perforated the following intervals:  
1519-21' RKB; 1530-33' RKB; 1538-41' RKB; 1546-59' RKB, 4 shots per foot.

6-27-70: Acid washed perforations with 100 gals. 15% NE acid at 500 psi. Ran tubing;  
Baker-Lok-Set packer at 1466' RKB. Swabbed well down for completion as injection well.



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

SIGNED N. H. Gilman TITLE Petroleum Engineer DATE July 29, 1970

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: