

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 Injector
2. NAME OF OPERATOR
Tesoro Petroleum Corp.
3. ADDRESS OF OPERATOR
2000 1st of Denver Plaza, Denver, CO 80202
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1335' FSL X 1325' FWL Unit "K"
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

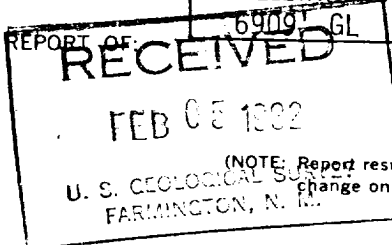
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

☐
☐
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5. LEASE
NM-052931
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hanson
9. WELL NO.
19
10. FIELD OR WILDCAT NAME
Hospah Field
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6-T17N-R8W
12. COUNTY OR PARISH
McKinley
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6909' GL 6917' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

This well was deepened 54 ft. to a new PBTD of 1600' GL into the Lower Hospah. Plastic coated tubing was run and a packer set below Upper Hospah perforations @ 1544' GL. This well was converted to a Lower Hospah water injector.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. J. [Signature] TITLE Dist. Oper. Mgr. DATE 2/2/82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

FEB 8 1982

FARMINGTON DISTRICT

*See Instructions on Reverse Side

OPERATOR