

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved

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>Tenneco Oil Company</u>		8. FARM OR LEASE NAME <u>Hospah</u>
3. ADDRESS OF OPERATOR <u>Suite 1200 Lincoln Tower Bldg., -Denver, Colorado 80203</u>		9. WELL NO. <u>51</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface 1775' F/N1 and 620' F/WL</u>		10. FIELD AND POOL, OR WILDCAT <u>Hospah (Upper)</u>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK AND SURVEY OR AREA <u>Sec. 12, T-17-N, R-9-W</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>7073 GR</u>		12. COUNTY OR PARISH <u>McKinley</u>
		13. STATE <u>New Mexico</u>

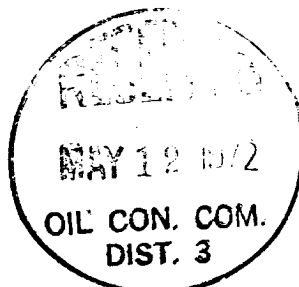
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" 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) <u>Perforating</u>	<input checked="" type="checkbox"/>
(Other) <input 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.)*

Moved in service unit, installed B.O.P. tested casing and B.O.P. to 1000 psi, held ok. Cleaned out to P.B.T.D. of 1648'.. Perforated 1643' - 47' w/1 JSPP. Ran 2-3/8" EUE tubing landed into packer @ 1581. Hooked up well for injection.

Injection started 5-4-72 @ 1247 BWPD @ 650 psi.



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

SIGNED [Signature] TITLE Sr. Production Clerk DATE 5-8-72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: