Form 9-331
(May 1963)

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-81208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

7. UNIT AGREEMENT NAME: South Hospah Unit

2. NAME OF OPERATOR: Tenneco Oil Company

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: 1860 Lincoln St., Suite 1200, Denver, Colo. 80295

9. WELL NO.: 51

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1775 ' FNL and 620 'FWL

10. FIELD AND POOL, OR WILDCAT: Hospah (Upper)

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 7073' GR

12. COUNTY OR PARISH: McKinley

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	X	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐				
(Other)				(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.)*

10/2/77 Acidized with 500 gallons of 15% MCA acid. Placed well back on injection.

RECEIVED
OCT 17 1977
OIL CON. COM.
DIST. 3

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

SIGNED D.W. Thyer TITLE Div. Production Manager DATE 10-13-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 17 1977
U.S. GEOLOGICAL SURVEY

*See Instructions on Reverse Side