

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on re-
verse side)Form released.
Budget Form No. 42-11424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-81208

6. IF INDIAN, AGENCY 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 <u>Water Injection Well</u>	7. UNIT AGREEMENT NAME <u>South Hospah Unit</u>
2. NAME OF OPERATOR <u>Tenneco Oil Company</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>1860 Lincoln St., Suite 1200, Denver, Colo. 80295</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.) At surface <u>1775' FNL and 620' FWL</u>	10. FIELD AND POOL, OR WILDCAT <u>Hospah (Upper)</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SUEVEY OR AREA <u>Sec. 12, T17N, R9W</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>

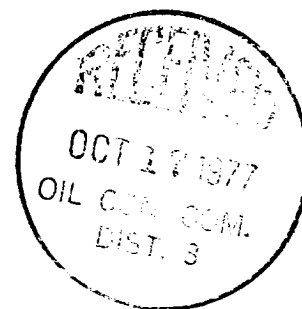
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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.



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

SIGNED D.B. MeyerTITLE Div. Production ManagerDATE 10-3-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECEIVED

OCT 11 1977

*See Instructions on Reverse Side