UNITED STATES DEPARTMENT OF THE INTERIOR

| Form A | Form Approved. | | | |
|--------|----------------|------------|----------|--|
| Budget | Bureau | $N\sigma.$ | 42-R1424 | |

| 5, | /LEAS | E | |
|----|-------|----------|--|
| / | NM - | . 081208 | |

| / | 1111 | 1200 | |
|---|-----------|------------------------|---|
| | | | - |
| 6 | IF INDIAN | ALLOTTEE OF TRIPE NAME | r |

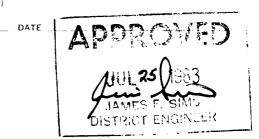
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
|--|--|--|--|
| SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir, Use Form 9–331–C for such proposals.) | 7. UNIT AGREEMENT NAME | | |
| 1. oil gas | 8. FARM OR LEASE NAME Hospah | | |
| well well other Water injection 2. NAME OF OPERATOR | 9. WELL NO. 52 | | |
| Tenneco Oil Company 3. ADDRESS OF OPERATOR B. O. Boy 2240 Englowed CO 20155 | 10. FIELD OR WILDCAT NAME Upper Hospah | | |
| P.O. Box 3249, Englewood, CO 80155 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | 11. SEC., T., R., M., OR ELK. AND SURVEY OR AREA | | |
| AT SURFACE: 720' FNL, 1850' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: | 12. COUNTY OR PARISH 13. STATE MCKinley NM | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | 7049' GR | | |
| FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* | (NOTE: Report results of multiple completion or zone change on Form 9–330.) | | |
| (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state) | a all portions details, and give portions dates | | |
| including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen Tenneco requests permission to acidize during packer as per the attached detailed procedure. | irectionally drilled, give subsurface locations and to this work.)* g operations to replace tension | | |
| | RECEIVED | | |
| | OIL CON. DIV. DIST. 3 | | |
| Subsurface Safety Valve: Manu. and Type | Set ② Ft. | | |
| 18. I hereby certify that the foregoing is true and correct | | | |

*See Instructions on Reverse Side

SIGNED TITLE Production Analyst DATE

APPROVED BY TITLE TITLE TITLE

(This space for Federal or State office use)



| | | LEASE_ | S. Hospah |
|---------------------------|--|--------|---|
| | WE | ELL NO | 52 |
| | <u>8 5/8</u> *OD, <u>32</u> | _LB, | CSG.W/30SX |
| | TOC @surface | _ | |
| | <u>5 1/2</u> *00, <u>15 1/2, 17</u> | _LB, | CSG.W/ 150 SX |
| | TOC @ | _ | |
| | *OD | _LB, | CSG.W/ SX |
| | TOC @ | | |
| 74' | | | |
| 50 its 21/6" 1-10' pup st | DETAILED PROCEDURE: 1. SI Well 24 hours preflow back and stabte 2. MIRUSU. Release AD w/2-7/8" tbg. 3. Replace Tension. 4. HT 2-7/8" tbg (J-55 while RIH w/tbg and 5. Set packer at 1531'6. Load BS with 1 bblowith 24 bbls water. 7. RDMOSU. Return well 5. RU Nowoco. 15% acid, dua anolite Nitra | Pump | EUER2) to 1500 psi ADI tension packer. On inhibitor mixed |