

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

30-8270 7m
12335

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	7. UNIT AGREEMENT NAME Lower Hospah
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222	9. WELL NO. 46
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1700' FNL and 700' FWL	10. FIELD AND POOL, OR WILDCAT Lower Hospah
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T17N, R9W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7075' GR	12. COUNTY OR PARISH McKinley
	13. STATE New Mex

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)		Deepen	☒ XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(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 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.)*

We propose to deepen this well 22' and open more of the lower Hospah zone as follows:

1. MIRUPU and pull production equipment.
2. RU power swivel and drill open hole to a TD of 1708'. Old TD = 1686'.
3. Rerun production equipment and place well on production.
4. Clean location of all debris.
5. No new surface disturbance will be caused by this workover.



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

SIGNED L.D. May

TITLE Div. Production Manager

DATE 12-15-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

OK