

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form 1000-1
Revised Edition No. 42-R1424
5. LEASE NUMBER AND SERIAL NO.

NM-081208

6. IF INDIAN, ABBREVIATED 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 ☐	7. UNIT AGREEMENT NAME HOSPAL
2. NAME OF OPERATOR Tenneco Oil Company	8. FARM OR LEASE NAME HOSPAL
3. ADDRESS OF OPERATOR 1200 Lincoln Tower Bldg., Denver, Colorado 80203	9. WELL NO. 47
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Hospal Lower Sand
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR ALIAS C-12-17-9 SEC 12, T17N, R9W
15. ELEVATIONS (Show whether DT, RT, CR, etc.)	12. COUNTY OR PARISH 13. STATE McKean N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

STATUS OF WELL:

Producing

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED:

NA

REASON FOR TEMP ABAND:

NA

FUTURE PLANS FOR WELL:

NA

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING:

NA

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

SIGNED

D. D. Myers

TITLE Division Production Manager DATE December 13, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE