

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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.)

1. oil ☒ well ☐ gas well ☐ other Water Injection
2. NAME OF OPERATOR
Tesoro Petroleum Corporation
3. ADDRESS OF OPERATOR
8700 Tesoro Drive, San Antonio, TX 78286
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 2310' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON <input type="checkbox"/>	<input type="checkbox"/>
(other) Inject polymer augmented water	

5. LEASE
NM-052931
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hanson
9. WELL NO.
28
10. FIELD OR WILDCAT NAME
South Hospah, Lower Hospah
11. SEC., T., R., M., OR BLK. AND SURVEY OF
ARFA
Sec. 6, T17N-R8W
12. COUNTY OR PARISH
McKinley
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6903' GL, 6916' KB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Tesoro proposes to convert this water-injection well to polymer augmented water injection. It is estimated that polymer injection will commence October 15, 1983.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft

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

SIGNED Thomas B. Cline TITLE Staff Reservoir Eng. DATE 23 June, 1983

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY _____

TITLE _____ DATE _____

APPROVED

IN 1000

APPROVED
J. B. Bingham
J. B. Bingham
AREA MANAGER, Active