				e de la companya de	led to	/.	
Form 9-331 (May 1963)	UNITED STATES		rebiob	SUBMIT IN TRIPLICATE (Other instructions on r			
	DEPARTMENT OF THE INTERIOR (Other Instructions on re-				Federal NM 052931		
(Do n		CES AND REPOR	TS ON	WELLS o a different reservoir.	6. IF INDIAN, ALLO	TTEE OR TRIBE NAME	
OIL GAS WELL OTHER					7. UNIT AGREEMEN	T NAME	
2. NAME OF OPERATOR					8. FARM OR LEASE NAME		
Tesoro Petroleum Corporation					Hanson	Hanson	
3. ADDRESS OF OPERATOR					9. WELL NO.	9. WELL NO.	
633 17th St, Suite 2000, Denver, © 80202 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.					29	29	
633 4. LOCATION	or Well (Report location cl	10, FIELD AND POO	10. FIELD AND POOL, OR WILDCAT				
See also space 17 below.) At surface 400' FSL & 1130' FWL					Hospah (I	Lower)	
						11. SEC., T., R., M., OR BLK. A VD SURVEY OR AREA	
					6-17N-8V	₹	
14. PERMIT N	0.	15. ELEVATIONS (Show when	ther of, RT, G	R, etc.)	12. COUNTY OB PA	RISH 13. STATE	
		6900' GR	691	3' KB	McKinley	NIM.	
16.	Check Ap	propriate Box To Indic	ate Natur	e of Notice, Report, or	Other Data		
	NOTICE OF INTENS	EQUENT REPORT OF:	ENT REPORT OF:				
TEST WA	TER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRI	NO WELL	
FRACTUR		CULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERIN	G CASING	
вноот 9	[}	ABANDON*		SHOOTING OR ACIDIZING	ABANDO	NMENT*	
REPAIR V		HANGE PLANS		(Other)			

(Other)

(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 tarting 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.)*

It is proposed that additional pay be opened in the Lower Hospah Sand by perforating 1560' to 1580' KB with 2 JSPF. At present the well is producing from perforations at 1580'-1590' KB.

No additional surface disturbance is necessary to do this work

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

(This space for Federal or State office use)

CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

TITLE .