

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 052931

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hanson

9. WELL NO.

31

10. FIELD AND POOL, OR WILDCAT

Hospah, Lower South

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec 6, T17N, R8W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tesoro Petroleum Corporation

3. ADDRESS OF OPERATOR

Suite 2000, First of Denver Plaza, Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1670' FSL & 2460' FWL (NE/4; SW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6878' GL & 6891' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Squeezing and reperforing

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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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 set Baker Model 'K' retainer @ 1566½'. Squeezed Lower Hospah perfs 1578-88' (DIL meas.) w/100 sx. diesel oil cement. (Reversed out 1½ bbls. of cement.) Lower Hospah interval was perforated @ 1550'-1558' (DIL meas.) w/2JSPF.



AUG 25 1975

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

SIGNED

*[Signature]*

TITLE

Dist. Prod. Supt.

DATE

8-20-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: