

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
720 S. Colorado Blvd., Denver, CO 80222
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 710' FNL and 1325' FEL, Unit A
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUTOFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM 8269
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hospah
9. WELL NO.
63
10. FIELD OR WILDCAT NAME
Lower Hospah South
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 12, T17N, R9W
12. COUNTY OR PARISH
McKinley
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6966' GR

(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.)*

10-30-78 to 11-2-78

Spudded 13 3/4" hole @ 1:30 pm on 10-30-78. Ran 9 5/8" 36#, K-55 casing and set at 94'. Cemented with 90 Sx of Class "B" 2% CaCl cement and circulated to surface. W.O.C. and tested casing to 400 PSI. Continued drilling to 1695' set 7" 23# K-55 casing at 1690' and cemented with 375 SX of Class B 2% CaCl cement. Circulated cement to surface.

Subsurface Safety Valve: Manu. and Type

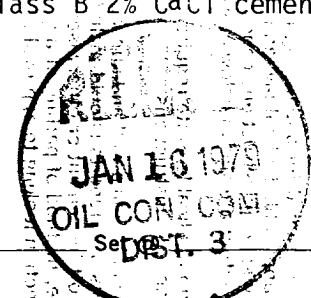
18. I hereby certify that the foregoing is true and correct

SIGNED Carley V. Hatten TITLE Admin. Supervisor DATE 11/11/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

NMOCC



JAN 16 1979