Form 9-331 Dec. 1973

Posts

Form Approved. Budget Bureau No. 42-R1424

LINITED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 8269
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR 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	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas other	Hospah 9. WELL NO.
2. NAME OF OPERATOR Tenneco Oil COmpany	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 720 S. Colo. Blvd., Denver, CO 80222	Lower Hospah South 32.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA ଜର୍ଗର ଓ ଅନୁକିଣ୍ଡ
below.)	Sec 12, T17N, R9W 12. COUNTY OR PARISH 13. STATE
AT SURFACE: 650' FNL and 1770' FEL, Unit B	McKinley A Rev New Mexico
AT JOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6990 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	d blus right of right of right of right of right of
SHOOT OR ACIDIZE	
REPAIR WELL PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	그 그 그 그 후 한 호흡합니다 한 환환경화 시원 그
CHANGE ZONES	The state of the s
ABANDON*	그 그는 이 이 한 호텔과 이 분이 설득실하고 됐다.
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined 11-5-78 to 11-10-78 	
	071 Cat 0 E/8" 26#
Spudded 13 3/4" hole at 1:45 pm on 11-5-78 and drilled to 97. Set 9 5/8", 36# K-55 casing 093'. Cemented with 90 Sx of Class B, 2% Ca Cl cement and 5. The control of the c	
circulated to the surface. Continued drilling to 1/10 . Set 45 005 01 /	
23#, K-55 casing at 1710'. Cemented with 375 SX of Class "B". 2% CaCl and circulated to the surface. Released rig.	
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1	
Subsurface Safety Valve: Manu. and Type	Set OF UST Ft.
18. I hereby certify that the foregoing is true and correct	11.129
SIGNED Carly Matternate Admin. Superv	1SOT DATE
(This space for Federal or State o	្នៃ ម៉ូតិស៊ីតុំស៊ី ១៩ ម៉ូត្តិស៊ី
APPROVED BY TITLE TOTALL TOTALL TO THE CONDITIONS OF APPROVAL, IF ANY:	DATE - 38.50 - 19.53