

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 ☐
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: 650' FNL and 1770' FEL, Unit B
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 SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE
NM 8269
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hospah
9. WELL NO.
62
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)
6990' 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.)*

11-18-78 to 11-22-78

Tested casing to 500# for 15 minutes. Perforated 1614' to 1632' with 4 SPF. Broke down perforations with 500 gal. of 15% HCL. Lower 12' of perforations required 2000# of breakdown pressure while upper 6' only needed 1250#. Swabbed back 35 bbls of oil, water, and spent acid. Ran reda pump and tested 24 hrs; SITP= 0 SICP = 0, 310 BOPD, 208 BWPD

Subsurface Safety Valve: Manu. and Type

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

SIGNED Carley Statton TITLE Admin. Supervisor DATE 1/14/79

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

3 NMCC

*See Instructions on Reverse Side

Set @

