

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 ☒ gas ☐
well 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: 1120' FNL and 2510' 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:

SUBSEQUENT REPORT OF:

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

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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.
61

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)
7003' 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.)*

10-27-78 to 10-29-78

Spudded 13 3/4" hole @ 2 p.m. on 10-27-78 and drilled to 90'. Set 9 5/8, 36#, K-55 casing at 87'. Cemented with 90 Sx of Class B w/2% CaCl cement and circulated to surface. Continued drilling to 1715'. Set 7", 23# K-55 casing at 1715' and cemented with 375 Sx of Class B, 2% CaCl cement. Circulated cement to surface. Waited on cement

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED Carley Statton TITLE Admin. Supervisor DATE 1/11/79

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

