

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 Water Injection

2. NAME OF OPERATOR

Tesoro Petroleum Corporation

3. ADDRESS OF OPERATOR

8700 Tesoro Drive, San Antonio, TX 78286

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FSL & 2310' FEL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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) Inject polymer augmented water

SUBSEQUENT REPORT OF:

5. LEASE
NM-052931

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hanson

9. WELL NO.
34

10. FIELD OR WILDCAT NAME *Sand*
South Hospah, Lower *Hospah*

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARFA
Sec. 6, T17N-R8W

12. COUNTY OR PARISH
McKinley

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6881' GL, 6891' KB

(NOTE: Report results of multiple completion 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.)*

Tesoro proposes to convert this water-injection well to polymer augmented water injection. It is estimated that polymer injection will commence October 15, 1983.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft

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

SIGNED *James B. Cull* TITLE Staff Reservoir Eng. DATE *23 June 1983*

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

R. B. Bingham
AREA MANAGER
Acting