

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 ☐ other ☒ Injection
2. NAME OF OPERATOR
Tenneco Oil Company
3. ADDRESS OF OPERATOR
P.O. Box 3249, Englewood, CO 80155
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1532' FNL, 2718' FEL
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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U. S. GEOLOGICAL SURVEY
FARMINGTON, M.

5. LEASE
NM-081208
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hospah
9. WELL NO.
67
10. FIELD OR WILDCAT NAME
Hospah
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 12, T17N, R9W
12. COUNTY OR PARISH
McKinley
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6998' 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.)*

7/21/83: Cmt'd 4 1/2" csg strg w/139 sx (156CF) Class B cmt in 4 separate equal volume plugs set as follows: Surface 440', 440'-860', 860'-1280', 1280'-1617'. Circ'd cmt to surface.

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MAR 07 1984

OIL CON. DIV.
DIST. 3

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED John C. [Signature]

TITLE Production Analyst DATE 7/27/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

MAR 05 1984

M. MILLENBACH

AREA MANAGER

*See Instructions on Reverse Side

NMOCC