ABANDON* (other)

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR

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	6. IF INDIAN, A	ELOT	TEE	OR TR	IBE NAME	
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	7. UNIT AGREE	MEN	T N/	ME	50 July 1	
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ιt	8. FARM OR LE	ACF	NAM	F	<u> </u>	
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	Hospah 9. WELL NO.		<u> </u>			
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	10. FIELD OR W	ILDC	AT N	AME	3	
	Hospah	ā	<u> </u>	- 2	<u> </u>	
	11. SEC., T., R.,	₩ .; !	OR B	LK. At	ND SURVE	Y OR
<u></u>	AREA	n i		30	87.73	
	Sec. 12,	-T1	ZN.	R9W	= -	
	12. COUNTY OF	PAR	HSI	13, 5	STATE	
	McKinley	= -	ا جُ فِي	<u> </u>	VIN .	
	14. API NO.		3 3 7			
	ka \	# J.	7 (Ų"	i⊈⊈£	
	15. ELEVATION	s (SI	HOW	DF. I	OB. AND	WD)
1	6998' OR	_ ¥ ≤ 8	2	Ş	487	•
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14	change o	on For		330.)	F <u>4</u> 1	€.
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tat	e all pertinent de	tails.	and	give'	pertinent	dates,
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nei	nt to this work.)*	3 2	-	ټ. .ند.		
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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 reservoir, Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas other Injection	Hospah 25 35 9 2 5 9 9 WELL NO. 4 5 5 7 5 8 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6
2. NAME OF OPERATOR Tenneco 0il Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 3249, Englewood, CO 80155	Hospah 11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1532' FNL, 2718' FEL	Sec. 12, TIZN, R9W
AT SURFACE: 1932 THE, 2710 TEE AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE McKinley 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT BEFORT OF	6998'OR \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL SUBSEQUENT BEFORT OF: SUBSEQUENT BEFORT OF:	CRNOTE: Report results of multiple completion or zon
PULL OR ALTER CASING	change on Form 9–330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stringly including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting

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7/21/83: Cmt'd 4 1/2" csg strg w/139 sx (1 equal volume plugs set as follows: Surface 1280'-1617'. Circ'd cmt to surface.

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APPROVED BY	TITLE DAT	EAPPH	UVL	<u>. L '</u>
	(This space for Federal or State office use)	Ahhr		n
SIGNED VICTOR	THE DATE	最最高的		
Tokka IVIL	TITLE Production Analyst	7/27/83		
18. I hereby certify that the foregoing		:		
Subsurface Safety valve. Wallu. and	туре		医甲基异异	
Subsurface Safety Valve: Manu. and	Type	<u>ಲಿಕ್ಕಿರಿ</u> ೨೦೯೨ Set @	<u> </u>	Ft
			시크 프랑스 왕	

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC