## BUBMIT IN TRIPLICATE.

(Other instru

Form approved.

| uctions on<br>side) |    | Budget |    |    |   |   |
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| UNITE      |    |     |       |     |
|------------|----|-----|-------|-----|
| DEPARTMENT | OF | THE | INTER | IOR |

|                                                                      | DEPARTMENT                                                                           |                        |                            |            | 5. LEASE DESIGNATION AND SERIAL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------|----------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                      | GEOLOG                                                                               |                        | <u>NM-012335</u> Nm-081208 |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| APPLICATIO                                                           | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                                 |                        |                            |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| 1a. TIPE OF WORK                                                     | ILL 🗵                                                                                | DEEPEN                 | PLUG BA                    | ox 🗆       | 7. UNIT AGREEMENT NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| b. TIPE OF WELL                                                      |                                                                                      |                        | BINGLE X MULTI             | PLE        | S. FARM OR LEASE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| WELL TO THE TOTAL TOR                                                | FELL OTHER ITS                                                                       | <del>jection wel</del> | T SONE X SONE              |            | Hospah                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
|                                                                      | 1 Cammauss                                                                           |                        |                            |            | 9. WELL NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| Tenneco Oi                                                           |                                                                                      |                        |                            |            | 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| <b></b>                                                              | 249, Englewood,                                                                      | Colorado 8             | 0155                       |            | 10. FIELD AND POOL, OR WILDCAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| A LOCATION OF WELL (                                                 | Report location clearly and                                                          | in accordance with     | any State requirements.*)  |            | South Hospah, Lower                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| At anyface                                                           | NL, 1080 FEL                                                                         |                        |                            |            | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| At proposed prod. so                                                 | ne<br>as above                                                                       |                        |                            |            | Sec. 12, T17N, R9W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
|                                                                      | AND DIRECTION PROM HEARI                                                             | EST TOWN OR POST       | OFFICE*                    |            | 12. COUNTY OR PARISH   13. STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                      | ley 1 mile South                                                                     |                        |                            |            | McKinley N.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| 10. DISTANCE FROM PROP<br>LOCATION TO MEARES<br>PROPERTY OR LEASE    | USED*                                                                                |                        | 344.08 <sup>2</sup> 364.0  | 17. NO.    | OF ACRES ASSIGNED THIS WELK THE TOTAL OF MOIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| (Also to nearest dr)                                                 | g, unit line, if any)                                                                |                        | 19. PROPOSED DEPTH         |            | ARY OR CARLE TOOLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| 18. DISTANCE PROM PRO<br>TO NEAREST WELL, I<br>OR APPLIED FOR, ON TE | DRILLING, COMPLETED.                                                                 | 1                      | ±1715'                     | 20. 201    | Rotary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |
| 21. ELEVATIONS (Show w)                                              |                                                                                      |                        |                            | <u> </u>   | 22. APPROX. DATE WORK WILL START*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| ZI. ELEVATIONS (SEOW W.                                              | acue: 51; 21; cm; cm;                                                                | 6949' GR               |                            |            | May 1981                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| 23.                                                                  | P                                                                                    | ROPOSED CASING         | AND CEMENTING PROGR        | AM         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| SIZE OF HOLE                                                         | BIZE OF CABING                                                                       | WEIGHT PER FOO         | T SETTING DEPTH            | _          | QUANTITY OF CEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| 12 1/4"                                                              | 8 5/8" new                                                                           | 24#                    | <u>±150'</u>               | -1         | ulate to surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| 7 7/8"                                                               | 5 1/2" new                                                                           | <u>15.5#</u>           | <u>±1715'</u>              | Circ       | ulate to surface                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
|                                                                      | TOTED ARE <br>  TOTAL ARCHEM<br>  LEADERS   TOTAL ARCHEM<br>  LEADERS   TOTAL ARCHEM |                        | <b>1</b>                   |            | and in the first to commistrative the control of the commistrative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| Î                                                                    |                                                                                      | 3                      |                            |            | A commence of the commence of |  |  |
|                                                                      | RECEIVE FEB 1 3 1981  U. S. GEOLOGICAL SURV FARMINGTON, N. M.                        |                        |                            | JOIL       | UN 5 1981<br>CON. COM.<br>DIST. 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| Bone. If proposal is to<br>preventer program, if a<br>S4.            | drill or deepen directional ny.  R.A. Mis                                            | proposal is to deepe   | Sr. Production             | ind measur | ductive some and proposed new productive ed and true vertical depths. Give blowout                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
| (This space for Fed                                                  | ieral or State office use)                                                           |                        |                            |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| PERMIT NO.                                                           |                                                                                      |                        | APPROVAL DATE              |            | • ',                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
| APPROVED BY                                                          |                                                                                      | TITL                   | B                          |            | APPRUVED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
| CONDITIONS OF APPEC                                                  | HS                                                                                   |                        |                            |            | S AMENDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |

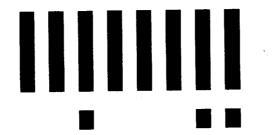
\*See Instructions On Reverse Side

JUN 03 1981

JAMES F. SIMS DISTRICT ENGINEER

## NEW MEXICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREAGE DEDICATION PLAT

All distances must be from the outer boundaries of the Section. Well No. Lease Operator 73 HOSPAH TENNECO OIL COMPANY Township Ronge Unit Letter McKinley 17N Actual Footage Location of Well; 1080 East North line and feet from the Dedicated Acreage: Producing Formation Ground Level Elev: LOWER HOSPAH 6949 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation \_\_\_ ΠNο ☐ Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. **CERTIFICATION** I hereby certify that the information con tained herein is true and complete to the best of my knowledge and belief. 1080' Mishler Position Production Analyst Company Tenneco Oil Company Sec February 9, 1981 12 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the some is true and correct to the best of my knowledge and belief. Date Surveyed January 30, 1981 Registered Professional Engineer Fred B Scale: 1'= 1000'







**Job separation sheet** 

## 30-031-20685

6-5-81

| BO/D                                                                                                                                                                                                                                                                                          | Q  | lst Del. | PD | s | Ref.No.                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|----|---|--------------------------------------------------|
| Kirtland C-103 Plat X Schd. PC Fruitland C-104 Electric Log  Pictured Cliffs C-122 Cliff House Ditr Dfa  Menefee Datr Dac  Point Lookout Mancos Gallup Sanostee Greenharn                                                                                                                     | Q  | PW       | PD | D | Ref.No.                                          |
| Fruitland         C-104         Electric Log           Pictured Cliffs         C-122           Cliff House         Ditr         Dfa           Menefee         Datr         Dac           Paint Lookout         Mancos           Gallup         Sanostee           Greenharn         Greenharn | Q  | PW       | PD | D | Ref.No.                                          |
| Pictured Cliffs  C-122  Cliff House Ditr Dfa  Menefee Datr Dac  Point Lookout  Mancos  Gallup Sanostee Greenharn                                                                                                                                                                              |    |          | -  |   |                                                  |
| Cliff House Ditr Dfa  Menefee Datr Dac  Point Lookout  Mancos  Gallup  Sanostee  Greenharn                                                                                                                                                                                                    |    | <u> </u> |    |   |                                                  |
| Menefee Datr Dac  Paint Lookout  Mancos  Gallup  Sanostee  Greenharn                                                                                                                                                                                                                          |    |          | 1  |   |                                                  |
| Paint Lookout  Mancos  Gallup  Sanostee  Greenharn                                                                                                                                                                                                                                            |    | 1        | T  |   | 1                                                |
| Mancos Gallup Sanostee Greenharn                                                                                                                                                                                                                                                              |    |          |    |   |                                                  |
| Gallup Sanostee Greenhorn                                                                                                                                                                                                                                                                     |    |          | 1  |   |                                                  |
| Sanostee Greenharn                                                                                                                                                                                                                                                                            |    |          | 1  |   |                                                  |
| Greenharn                                                                                                                                                                                                                                                                                     |    |          | 1  |   | 1                                                |
|                                                                                                                                                                                                                                                                                               |    |          |    |   | 1                                                |
|                                                                                                                                                                                                                                                                                               |    | 1        |    |   |                                                  |
| Dakoto                                                                                                                                                                                                                                                                                        | 1  |          | 1  |   | i                                                |
| Morrison                                                                                                                                                                                                                                                                                      |    | 1        | 1  |   | †                                                |
| Entrada NWU-545                                                                                                                                                                                                                                                                               |    | 1        |    | 1 | 1                                                |
| 52.12 Joint                                                                                                                                                                                                                                                                                   | †  |          |    |   | <del>                                     </del> |
| S.Hospah                                                                                                                                                                                                                                                                                      | _1 |          | 4  | L | <del></del>                                      |

Hospah #73

A-12-17N-9W

Tenneco Oil Co.



June 8, 1982

Tenneco Oil Company P. O. Box 3249 Englewood, Colorado 80155

## Gentlemen:

Enclosed are your Applications for Permit to Drill (APDs) for the following wells; No. 68, 69, 70, 71, 72, 73, 74, 75, and 76 Hospah, all in sec. 12, T. 17 N., R. 9 W., McKinley County, New Mexico, lease No. New Mexico 031208. The subject APDs are hereby rescinded and returned due to drilling operations not being commenced within one year of the approval date.

Sincerely yours,

James P. Sims

District: Oil and Gas Supervisor

Enclosures

cc: SCR, MS-410

BLM, Parmington

NMOCC