

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 ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

720 So. Colorado Blvd., Denver, CO. 80222

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

AT SURFACE: 330' FNL & 2051' 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:

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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5. LEASE

NM-12335

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lower Hospah

9. WELL NO.

9

10. FIELD OR WILDCAT NAME

South Hospah

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12, T-17-N, R-9-W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7010' KB

(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.)\*

5/14/79 - 5/16/79

MIRUPU. POOH w/rods, tbg, and pump. RIH w/circulating washer. Attempted to wash perf's w/900 gal 15% HCL Acid. Tool failed. Swabbed back load. Ran rebuilt wash tool, could not establish injection. Swabbed back load & POOH w/wash tool. RIH w/tbg, pump, and rods. RDMOPU. Returned well to production.

Subsurface Safety Valve: Manu. and Type

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

SIGNED

*Carley Hattin*

TITLE Admin. Supervisor

DATE

5/18/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.**

GPO : 1976 O - 214-149

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REPORT OF OTHER DATA

IS CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE

AT TOTAL DEPTH:

AT THE END INTERVAL

AT SURFACE 300' AND 600' FILL UNITS

DELTA

4. LOCATION OF WELL (REPORT LOCATION CLEARLY SEE SPEC 17)

1. California Div., Bureau of Geology

3. ADDRESS OF OPERATOR

2. NAME OF OPERATOR

1. NAME OF COMPANY

NAME OF WELL

SECTIONAL AREA

STATE OF CALIFORNIA

NO FURTHER INFORMATION

ABANDONED  
CHANGING LIVES  
NUMBER OF TABLETS  
BOTTLE OF RUBBER CASING  
REPAIR WORK  
SHOON OF ACIDIZE  
PHYSIOLOGICAL  
TEST WATER SHUT-OFF  
REQUEST FOR APPROVAL TO

17. SUBJECT PROPOSED OR COMPLETED OPERATIONS (Please state all pertinent information, including the date of starting and proposed work. It will be directionally described and true vertical details for all shafts and zones pertinent to this work.)

to wash bottle W/007 and JOC HCL Acid. Test failed.  
Can neither wash tool could not establish infection.

IS I hereby certify that the foregoing is the right correct

APPROVED FOR APPROVAL

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED