

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Convert to Gas/Water Injection		5. LEASE DESIGNATION AND SERIAL NO. NM-8269
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Bldg., Denver, Colo		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1340' F/NL and 1710' F/WL		8. FARM OR LEASE NAME Hospah
14. PERMIT NO.		9. WELL NO. 33
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7060 GR		10. FIELD AND POOL, OR WILDCAT So. Hospah Lower Sand
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 12, T17N, R9W
		12. COUNTY OR PARISH McKinley
		13. STATE New Mexico

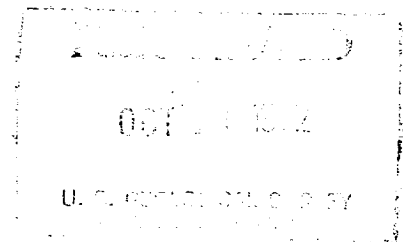
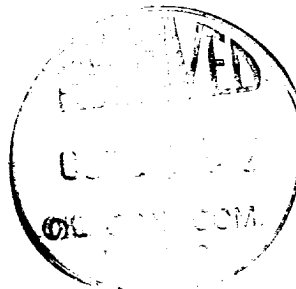
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Convert to Gas/Water Inj. <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.) *

Moved in Service Unit, Pulled Rods, Pump, and Tubing. Went in hole with model AD-1 Tension Packer and 50 Jts. of 2-7/8", 6.4#, J-55, Internally plastic coated tubing and set @ 1596'. Hooked up gas and water lines and started injection.

Injection rates are: 140 MCF/D and 720 BWPD @ 800 psi.



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

SIGNED W L Shaver TITLE Sr. Production Clerk DATE 10/4/72

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: