

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

Form -330
(Rev. -63)

5. LEASE DESIGNATION AND SERIAL NO.

NM - 81208

6. IF LEASED, NAME OF THE LESSEE

7. NAME OF THE OPERATOR

8. FARM OR LEASE NAME

Hospah

9. WELL NO.

52

10. FIELD AND POOL, OR WILDCAT

Hospah (Upper)

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

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

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

WELL COMPLETION REPORT

1a. TYPE OF WELL

b. TYPE OF COMPLETION:

NEW WELL ☐WORK OVER ☐DEEP-EN ☐PLUG BACK ☐DIPPER ☐

Other Water Ind.

2. NAME OF OPERATOR

Tenneco Oil company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Bldg., -Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 720' F/NL and 1850' F/WL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

4-18-72

16. DATE T.D. REACHED

4-19-72

17. DATE COMPL. (READY TO PRODUCE)

5-4-72

18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*

7043 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1622

21. PLUG, BACK T.D., MD & TVD

1620

22. IF MULTIPLE COMPL., HOW MANY*

23. INTERVALS DRILLED BY

ROTARY TOOLS

0-1620

CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

None

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

GR - Densilog

27. WAS WELL CORED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8-5/8	24	74	12-1/4"	50 sks. circulated	
5-1/2	15.5	1620	7-7/8	150 sks.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2-3/8	1554	1554

TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

1605-19 W/1 JSPP

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)

AMOUNT AND KIND OF MATERIAL USED

MAY 1 1972

33.* PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumpjack, etc.)

shut-in)

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing information is true and correct as determined from all available records

SIGNED

TITLE

Production Clerk

DATE

5-8-72

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws 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. See instructions on items 22 and 24, and 83, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types of electric logs), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

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 12: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any reports.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 state the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, and primary flow sheet, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 25: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

27. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORRELATE INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION TOP BOTTOM

Upper Hospah

1578

DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC NAMES

NAME

NAME

DEPTH

VERT. DEPTH