

DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		5. LEASE DESIGNATION AND AREA 30-12385
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRUST Lower Hospah
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		7. UNIT AGREEMENT NAME Lower Hospah
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 885' FNL and 2117' FEL		8. FARM OR LEASE NAME Lower Hospah
14. PERMIT NO.		9. WELL NO. 49
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6994' GR		10. FIELD AND POOL, OR WILDCAT Lower Hospah
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 12, T17N, R9W
		12. COUNTY OR PARISH McKinley
		13. STATE New Mexico

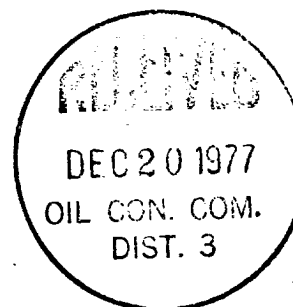
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐
(Other) ☐	Deepen ☒	(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 start proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zone pertinent to this work.)*

We propose to deepen this well 12' and open more of the Lower Hospah zone as follows:

1. MIRUPU and pull production equipment.
2. RU power swivel and drill open hole to 1642' T.D. Old T.D. = 1630'.
3. Rerun production equipment and place well back on production.
4. Clean location of all debris.
5. No new surface disturbance will be caused by this workover.



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

SIGNED D. A. Ryan TITLE Div. Production Manager DATE 12-15-77
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side