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Form Approved. Budget Bureau No. 42-R1424

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UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE NM 8269		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas	Hospah		
Well won	61 9. WELL NO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME		
Tenneco Oil Company 3. ADDRESS OF OPERATOR 720 S. Colorado Blvd., Denver, CO 80222	Lower Hospah South 11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.) AT SURFACE: 1120' FNL and 2510' FEL, Unit B	Sec 12, T17N, R9W 12. COUNTY OR PARISH 13. STATE		
AT SURFACE: 1120 FNL and 2510 FLL, OHITE B	McKinley New Mexico		
AT JOIAL DEPTH:	14. APINO. ଅଞ୍ଜିଆ ଓ ଜିଞ୍ଚିତ		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	हाँ महा के हिंदे हैं		
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF) KDB, AND WD) 7003 GR		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	중심하면 이 근처했다.		
TEST WATER SHUT-OFF			
SHOOT OR ACIDIZE			
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)		
PULL OR ALTER CASING	Change on John 3-33357		
CHANGE ZONES			
ABANDON*	그 그 그 이 그 회회병육 이 회 경우는 육이 회		
(other)			
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined			
11-17-78 to 11-22-78	The man to the control of the contro		
Tested casing to 500# for 15 minutes. Perfo	rated from 1620' to 1632' with 4 shoots		
per foot. Ran pump in hole and set @1617' K	3. SITP = 0 SICP = 9. 3225		
Well tested at 225 BOPD, 225 BWPD, for 8 hou	r period. 고등출질을 및 호텔급수		
	A STATE OF THE PARTY OF THE PAR		
1			
Subsurface Safety Valve: Manu. and Type	Set @		
18. I hereby cortify that the foregoing is true and correct			
SIGNED AND AMERICAN Admin. Superv	ISOY DATE		
(This space for Federal or State o	ffice use)		
APPROVED BY TITLE	DATE DATE		
CONDITIONS OF APPROVAL, IF ANY:	· 서울을 수립했다. 유명 선생님은		

NMOCC

	114.0	<u> </u>	
DISTRIBUTION			
SANTA FE			
FILE			<u> </u>
U.S.G.S.		<u> </u>	L_
LAND OFFICE		<u> </u>	
TRANSPORTER	OIL		
I MANSPORTER	GAS	<u> </u>	
OPERATOR			
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

ł	SANTA FE	REQUEST F	OR ALLOWABLE	Supersedes Old C-104 and C-11 Elioctive 1-1-65
	FILE		AND	
İ	U.S.G.S.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	
ŀ	OIL			
	TRANSPORTER GAS			
	OPERATOR			
1.	PRORATION OFFICE			
ĺ	TENNECO OIL COMPAN	Υ		
	Address			
	Box 3249, Englewood	d, CO 80155	Other (Please explain)	
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Ome: (1 tease expression)	
	New Well Recompletion	Oil Dry Gas		
	Change in Ownership	Casinghead Gas Condens	sate X	
	If change of ownership give name and address of previous owner			
	r			
11.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	emation Kind of Lease	Federal Lease No.
	Hospah	61 South Hospah Lo	ower Sand State, Federal	er Fee NM-8269
	Location		0510	Fact
	Unit LetterB :12	O Feet From The North Line	and 2510 Feet From T	he East
	Line of Section 12 Tow	nship 17N Range	9W , NMPM,	McKinley County
	Line of Section 12 Tow	nemp 1714		
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approve	ed copy of this form is to be sent)
	Name of Authorized Transporter of Oil	or Condensate	Box 1887, Bloomfield, N	
	CINIZA PIPELINE Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
	Name of Authorized Transporter of Cas			
	11 - 11 - 14	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	r
	If well produces oil or liquids, give location of tanks.	G 12 17N 9W		
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
	Designate Type of Completion	n = (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
			Top Cil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	100 011, 002 1 - 7	
	Perforations		<u></u>	Depth Casing Shoe
	Ferroidions			
			CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
				<u> </u>
v	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
•	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)
	Date First New Oil Run 15 Taille			22
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			Water-Bbie.	Gas - MCF
	Actual Prod. During Test	Ott-Bbls.	No	V
			**************************************	*3 ₇₀
	GAS WELL			Grewity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	Testing Method (pitot, back pr.)	Tubing Piessure (Sime-12)		
		OC.	OIL CONSERVA	ATION COMMISSION
V	. CERTIFICATE OF COMPLIAN	ice .	NOV 293	1982
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED		
		Grighted by a	Minused March de la company	
	Alexist Willow (Signature)		TITLE DEPUTY OIL & GAS I	NSPECTOR, DIST. #3
			m in farm to be filed in	compliance with RULE 1104.
			well, this form must be accomp	ordence with RULE 111.
Production Analyst (Tule)		Att stiene of this form m	net pe tiffed ont combinerary for erron-	
		able on new and recompleted west.		
	November 18, 198			
	(1	Date)	Separate Forms C-104 mu	at be filed for each pool in multiply
		** *		

STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

NE	RGY AND MINER	ALS C	
ſ		***	
- 1	DISTRIBUTION		
	U.S.G.S. LAND DFFICE		
	TRAMSPORTER	OIL	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	GAS	
	CPERATOR		
١.	PROPATION OFFICE		

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

71L2 U.S.G.b.				
TRANSPORTER OIL	REQUEST FOR	ID .		
CPENATOR GAS	AUTHORIZATION TO TRANSP	ORT OIL AND NATURAL GAS		
Ciperator Cination Oil				
	Citation Oil & Gas Corp. 16800 Greenspoint Park Drive Suite 300 South Atrium			
16800 Greenspor Houston, Texas	77060-2304	Other (Please explain)		
Reason(s) for filing (Check proper box	Change in Transporter of:	Other ty tease expired		
New Well Flecompletion	Oil Dry Gas	一		
Change in Ownership	Casinghead Gas Conden			
If change of ownership give name and address of previous owner	Tenneco Oil Company,	P.O. Box 3249, Englewo	ood, CO 80155	
	1 FASE		Legse No.	
DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	4 LOWCE SPAIN State, Feder	** FCOKA~~~	
HESPE 4				
Unit Letter 6 : 1/8	SO Feet From The MORTH Line	• and <u>2510</u> Feet From	The [F5]	
Line of Section 12 To	mahip 17N Range	9W , NMPM.	McKinley County	
Line of Section	and and Natural GA	S		
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	Address (Give address to which appr		
CINIZA DIPELINE		BOX 1887, Bloomfield,	oved copy of this form is to be sent)	
Name of Authorized Transporter of Co	seinghead Cas			
If well produces oil or liquids,	Unit Sec. Twp. Ree.	is gas actually connected?	hen	
l	ith that from any other lesse or pool,	give commingling order number:		
If this production is commingled w	Oll Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Designate Type of Complete	0		P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S. 1. 2.	
ADD BYT BT CP and	Name of Producing Formation	Top Oil/Gas Pay	Tuping Depth	
Elevations (DF, RKE, RT, GR, etc.)			Depth Casing Shoe	
Perforations				
		D CEMENTING RECORD	SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
TO PEOUPET	FOR ALLOWABLE Gest must be a	after recovery of total volume of load o	il and must be equal to or exceed top allow	
. TEST DATA AND REQUEST :	able for this d	epth or be for full 24 hours) Producing Method (Fiou., pump, gas	£	
Date First New Oil Run To Tanks	Date of Teet		Ches spe	
Longth of Tool	Tuping Pressure	Casing Pressure	Contract to the second	
	Oli-Bbis.	Woter-Bbis.	Gas-MCF	
Actual Prod. During Test		·		
			No. of the control of	
Actual Prod. Tool-MCF/D	Length of Test	Bbis. Condensete/MMCF	Gravity of Concensate	
	(======================================	Casing Pressure (Shwt-12)	Chose Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-12)			
CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION NOV-2 0 1987	
		APPROVED	17(1)	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		BY	ma Java	
above is true and complete to	the Dest of my Knowledge and Detroit	TITLE	BU ERVISION DISTRICT # 3	
	•	l be filled	in compliance with RULE 1104.	
Delise No	1110	If this is a request for all	lowable for a newly drilled or deviation	
	· * · · · · · · · · · · · · · · · · · ·	well, this form must be account	cordance with RULE 111.	
Debra Harris, Produ	ction Coordinator	All sections of this form	must be illied out combiners) to and	

(Tille)

(Date)

11/17/87; Effective Date 11/1/87

All sections of this form must be filled out completely for allow able on new and recompleted wells.

Fill out only Sections I. E. III, and VI for changes of owner well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.