

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved
Bureau Order No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-071208

6. IF INDIAN, ALLEGED, 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 "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

1200 Lincoln Tower Bldg., Denver, Colorado 80203

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME

HOSPAN

8. FARM OR LEASE NAME

HOSPAN

9. WELL NO.

32

10. FIELD AND POOL, OR WILDCAT

HOSPAN Lower Sand

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

Sec 12, T 7N, R 9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

12. COUNTY OR PARISH 13. STATE

McKinley

N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) ☒

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion or 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 perti-
nent to this work.)*

STATUS OF WELL:

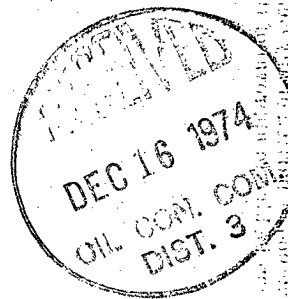
Producing

APPROXIMATE DATE THAT TEMP. ABAND. COMMENCED: NA

REASON FOR TEMP ABAND: NA

FUTURE PLANS FOR WELL: NA

APPROXIMATE DATE OF FUTURE W.O. OR PLUGGING: NA



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

SIGNED

A. D. Myers

TITLE

Division Production Manager

DATE

December 13, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: