

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-081208	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Suite 1200 Lincoln Tower Building, Denver, Colorado 80203		7. UNIT AGREEMENT NAME South Hospah Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' F/NL, 2800' F/EL (NW $\frac{1}{4}$, NE $\frac{1}{4}$)		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 31	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7040 GR		10. FIELD AND POOL, OR WILDCAT Hospah South (Upper Sand)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-17-N, R-9-W	
		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 checked="" 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) <input 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.) *

Spuded 9/2/69, Drilled 12 $\frac{1}{4}$ " hole to 79 KB, ran 2 jts of 8-5/8" 24# J-55 casing landed 78' W/70 sacks cement circulated. Drilled 7-7/8" hole to T.D. of 1626; logged, ran 49 jts of 5 $\frac{1}{2}$ " 15.5# casing landed 1626' cemented W/96 sks circulated. Rig released 9/4/69, now waiting on completion unit.



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

SIGNED

S. A. Ford

TITLE Sr. Production Clerk

DATE 9-9-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE