(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

Form No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM-[redacted]

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: [redacted]

2. NAME OF OPERATOR: Tenneco Oil Company

8. FARM OR LEASE NAME: Hospah

3. ADDRESS OF OPERATOR: 1200 Lincoln Tower Bldg., Denver, Colorado 80203

9. WELL NO.: 34

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

10. FIELD AND POOL, OR WILDCAT: Hospah Lower Sand

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: F Sec 12, T17N, R9W

14. PERMIT NO.

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

12. COUNTY OR PARISH: McKinley

13. STATE: N.M.

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) Status			
(Other)							

(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.) *

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 W D Myers TITLE Division Production Manager DATE December 13, 197

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side