

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

081208

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

So. Hospah Unit

8. FARM OR LEASE NAME

9. WELL NO.

38

10. FIELD AND POOL, OR WILDCAT

Hospah South (Upper Sand)

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

Sec. 12, T17N, R9W

12. COUNTY OR
PARISH

McKinley

13. STATE

New Mexico

1a. TYPE OF WELL:

OIL

WELL

☒

GAS

WELL

☐

DRY

☐

Other

b. TYPE OF COMPLETION:

NEW

WELL

☒

WORK

OVER

☐

DEEP-

EN

☐

PLUG

BACK

☐

DIFF.

ESVR.

☐

Other

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Bldg., Denver, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

660' F/NL & 660' F/EL

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPEUDED

6/12/70

16. DATE T.D. REACHED

6/14/70

17. DATE COMPL. (Ready to prod.)

6/25/70

18. ELEVATIONS (DF, RESB, RT, GR, ETC.)*

6933 GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

1565

21. PLUG, BACK T.D., MD & TVD

1562

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

→

Rotary

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

1516 - 1539 Hospah So (Upper Sand)

25. WAS DIRECTIONAL
SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

IES, CFD

27. WAS WELL CORED

No

28.

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8	24	71	12 1/4	75 sks cir.	
5 1/2	15.5	1565	7 7/8	100 sacks	

29.

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2 7/8	1470	

31. PERFORATION RECORD (Interval, size and number)

1516-20, 1524-26, 1528-31,
1534-39, W/2 shots per Ft.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1516-1539	500 Gals 15% HCL
1516-1539	6000 Gals crude &
	6000 # 20/40 sand

33.*

PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
6/25/70		Pumping 1 1/2" insert Rod Pump				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
7/1/70	24	--	→	22	TSTM	6	TSTM
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
		→				32.6	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

J. Eggleston

35. LIST OF ATTACHEMENTS

NONE

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

TITLE SR. Production Clerk

DATE 7/10/70

*(See Instructions and Spaces for Additional Data on Reverse Side)

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on Items 22 and 24, and 33, below regarding separate reports for separate completions.

tion and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

item 4. If there are no applicable State requirements, notations on Federal or Indian land should be described in accordance with Federal requirements. Consult local, State or Federal office for specific instructions.

item 22: indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

item 23: If this well is completed for separate production from more than one interval zone (multiple completion) so state in item 22 and in item 24 show the need-

item 24: If this well is completed for separate production from more than one interval zone (multiple completion) so state in item 22 and in item 24 show the need-

For each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

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UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STANDARD INSTRUCTIONS
(Other instructions on reverse side)

Budget Bureau No. 42-10000
5. LEASE DESIGNATION AND SERIAL NO.

081203

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.)

7. UNIT AGREEMENT NAME

So. Hospah Unit

8. FARM OR LEASE NAME

9. WELL NO.

38

10. FIELD AND POOL, OR WILDCAT

Hospah South (Upper Sand)

11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA

Sec. 12, T17N, R9W

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

Suite 1200 Lincoln Tower Bldg., Denver, Colorado

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

660' F/NL & 660' F/EL

14. PERMIT NO.

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

6938 GR

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 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.)*

Moved in completion unit 6/24/70, Perforated 1516' - 20', 1524' - 26', 1528' - 31', 1534' - 39' W/2 - .45" Dia shots per ft. Spotted 500 gals. of 15% HCL. Sand-Oil Frac perforations 1516' - 1539' W/6000 gals crude & 1 LB per gal. 20/40 sand TD 1565', PBTD 1562'.
Ran 47 Jts. of 2 7/8" Tubing landed 1470'
Ran 3/4 Rods W/1 1/2" insert Rod pump.

Completed 6/25/70
Well tested 7/1/70 for 24 hrs.
22 BO & 6 BW, Gas TSTM

RECEIVED

JUL 14 1970

OIL CON. COM.
DIST. 3

JUL 13 1970

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

SIGNED

G. A. Ford

TITLE SR. Production Clerk

DATE 7-10-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE