Form 9-331 (May 1963)	UNITED STATES PEPARTMENT OF THE IN- GEOLOGICAL SURVE	SUBMIT IN TRIPLICATE* (Other instructions on reverse side)	Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(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.)			
OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Tenneco Oil Company			8. FARM OR LEASE NAME HOSpah
3. ADDRESS OF OPERATOR			
Suite 1200 Lincoln Tower Bldg., Denver, Colorado 80203			9. WELL NO.
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 			10. FIELD AND FOOL, OR WILDCAT Hospan South (Lower Sand)
1150' F/NL and 1080' F/WL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	11,00 1,110 0110 1	1/ 111	See 12 ml/m nou
14. PERMIT NO.	. 15. ELEVATIONS (Show whe	ther DF, RT, GR, etc.)	Sec. 12, T1711-R9W 12. COUNTY OR PARISH 13. STATE
	7060 GI	?	McKinley New Mexico
16.	Check Appropriate Box To Indic	ate Nature of Notice, Report, or C	Other Data
	CE OF INTENTION TO:		ENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	BEPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	
(Other)		(Note: Report results Completion or Recomple	of multiple completion on Well etion Report and Log form.)
nem to only world,		rtinent details, and give pertinent dates, e locations and measured and true vertica	including estimated date of starting any depths for all markers and zones perti-
		logged, all zones tested	dry.
We propose to P	& A as follows:	 8 	- 현기 : 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Depth	Sacks Cement	3 3	ATTEN .
1820-1720	50	•	
615-5 1 5	40	÷	
85 -3 5	30		250 1 6 1969
Top of Surface	12		DEG 1 6 1969
Clean location of	and install dry hole man		HOW HE I
Clean location a	and install dry note man	ker.	DIST. 3
		_ = 0.1 × 1999	일 등 등 등 하는 이 전 기를 보고 있다.
		DEC 1 5 1999	
		<u>.</u>	
			원인의 보험이 통해 이 보설 있습니다.
18. I hereby certify that the	foregoing is true and correct		
SIGNED	TITLE	Sr. Production Clerk	DATE 12/10/69
(This space for Federal o	r State office use)		<u> </u>
APPROVED BY	TITLE		DATE
CONDITIONS OF APPRO			DATE
10			
• •	.		