

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD G
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMXO-3160-4

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. NM-7951 |
| 2. NAME OF OPERATOR United Gas Search, Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, New Mexico 88241-0755 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 2310' FEL <i>Unit J</i> | | 8. FARM OR LEASE NAME Leonard Federal |
| 14. PERMIT NO. 30-025-11970 | | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3004 GR | | 10. FIELD AND POOL, OR WILDCAT South Leonard Queen |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11 T26S R37E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE NM |

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 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 PLANE <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) Recomplete to Yates

(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.)*

50'
It is proposed to run electric log, set CIBP at 3100, cap with 3' cement, perf Yates as indicated by log, test for production.

RECEIVED
SEP 17 8 20 AM '90

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

SIGNED *Wanda Wells* TITLE Agent DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-18-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side