

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS NEW MEXICO 88240  
Burger Bureau No. 1004-0135  
Expires: September 30, 1990

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC032510C
2. Name of Operator Wood, McShane & Thams	6. If Indian, Allottee or Tribe Name N.A.
3. Address and Telephone No. P. O. Box 968, Monahans, Texas 79756	7. If Unit or CA, Agreement Designation South Leonard Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) G, 1980' FNL & 2310' FEL, Section 24, T-26-5, R-37-E	8. Well Name and No. SLQ Unit No. 9
	9. API Well No. 300251204500
	10. Field and Pool, or Exploratory Area South Leonard Queen
	11. County or Parish, State Lea, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<b>Production Texas TEST</b>
	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

Production Test 12/26/94  
  
SLQ Unit No. 9: 0.5 BOPD  
12.5 BOPD  
Gas to small to measure

REC'D  
DEC 29 1994  
M.S. WELLS DIV.

ACCEPTED FOR RECORD  
*J. J. J.*  
JAN 27 1995  
CARLSBAD, NEW MEXICO

REC'D  
DEC 28 1994  
M.S. WELLS DIV.

14. I hereby certify that the foregoing is true and correct  
Signed *[Signature]* Title Operations Manager Date 12/28/94

(This space for Federal or State office use)  
Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.