

COPY TO U. S. G.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instruction on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 GAS WELL OTHER **WATER SUPPLY WELL**

2. NAME OF OPERATOR
TECNICO OIL COMPANY

3. ADDRESS OF OPERATOR
6900 Park Ten Blvd., Suite 200 N. San Antonio, TX. 78213

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2514' FSL and 2068' FSL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
2988.7 G.L.

5. LEASE DESIGNATION AND SERIAL NO.
MM - 7951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
SOUTH LEONARD

9. WELL NO.
WATER SUPPLY WELL #1

10. FIELD AND POOL, OR WILDCAT
South Leonard Queen

11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA
Sec. 14 T26S R37E

12. COUNTY OR PARISH **LEA** 13. STATE **New Mexico**

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 checked="" 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 PLANS <input type="checkbox"/>	(Other) _____	(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.)*

Drilled & Cored 8 3/4" hole to 4600'. Set 110JTS 7" 23# K-55 3rd ST&C @ 4600' DV tool @ 3212'. CMTD w/280 sx Class C w/10% CaCL, 1/2 of 1X CFR-2, 1/4#/sx Floccle. PD @ 1:00a.m. 12-20-78 w/1500 psi. Open DV tool and circulate 255 x to Surface. Cement w/1500 sx Halliburton Lite w/10% CaCL, 1/2 of 1X CFR-2, 1/4#/sx Floccle Tale in 100sx Class C. Circulate 500sx to Surface Plug Down @ 8:00 a.m. 12-20-78 w/2200 PSI.

RECEIVED
DEC 26 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE **STAFF PRODUCTION ANALYST** DATE **12-21-78**

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
DEC 23 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side