

Form 3160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT LIVING
OFFICE F. NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
MXO-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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR United Gas Search, Inc.		8. FARM OR LEASE NAME Leonard Federal	
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, New Mexico 88241		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 1650' FWL <i>Unit K</i>		10. FIELD AND POOL, OR WILDCAT South Leonard Queen	
14. PERMIT NO. 30-025-11972		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 11 T26S R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2994 GR		12. COUNTY OR PARISH Lea	
		13. STATE NM	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
RILOOT 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* ☐

(Other) ☒ Recomplete to Yates

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)*

Work began 10/11/90. Set CIBP at 3050 & cap with 35' cement. Perf 2696 - 2702, 2772 - 2794, 2800 - 2814, 2862 - 2880, 2936 - 2946, 2950 - 2956 with 1 shot per foot. Treat with 2,000 gallons 15% HCL acid. 10/16/90 pump 50 bbls water 93 MCF gas per day.

RECEIVED
NOV 30 11 46 AM '90
CARTER
AREA
ENGINEERS

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

SIGNED Blaine Walker

TITLE Agent

DATE 11/28/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
United Gas Search, Inc.	30-025-11972
Address	
c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Hobbs, NM 88241	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	
THIS WELL HAS BEEN PLACED IN THE POOL	
DESIGNATED BELOW IF YOU DO NOT CONCUR	

II. DESCRIPTION OF WELL AND LEASE.

Lease Name Leonard Federal	Well No. 3	Pool Name, Including Formation Rhodes Gates, Yates - SR Gas	Kind of Lease State , Federal or Free	Lease No. NM-7951
Location Unit Letter <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>West</u> Line Section <u>11</u> Township <u>26S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, TX 77978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? 9/1/88
If this production is commingled with that from any other lease or pool, give commingling order number:						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Recomm. 10/11/90	10/16/90		3642			3015		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
2994 GR	Yates		2696			2600		
Perforations						Depth Casing Shoe		
2696 - 2880						3342		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
Unknown	10 3/4		279			100		
Unknown	7		3342			450		
	2 3/8		2600					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (<i>Flow, pump, gas lift, etc.</i>)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
93	24 Hours	None	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Orifice Meter	Pumping		Pumping

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Werner Weber

Signature Donna Holler Agent

Printed Name	Title
--------------	-------

11/28/90 505-393-2727

Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved _____

By

Title

- INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

7 A 8. 9. 10. 11. 12.