

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <u>Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. NM-7951
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 7990 IH 10 West, San Antonio, TX 78230		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 657' FNL & 1983' FEL, Sec. 14, T26S, R37E		8. FARM OR LEASE NAME Leonard Brothers
14. PERMIT NO.		9. WELL NO. 14
15. ELEVATIONS (Show whether DF, WT, GR, etc.) 3003.4 GR		10. FIELD AND POOL, OR WILDCAT Leonard South (Queen)
		11. SEC., T., R., M., OR BLK. 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Test downhole equip/casing <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

R.U. pump truck and pressure recorder  
Pressure test casing to 500 psi  
Monitor pressure for minimum of 15 minutes  
Repressure if pressure decreases 50 psi or more in 15 minutes

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

SIGNED Steven Carls

TITLE Production Engineer

DATE 6/13/86

(This space for Federal or State office use)

APPROVED BY Oil & Gas Division

TITLE \_\_\_\_\_

DATE 6-23-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
JUN 26 1986  
D.C.D.  
HOBBS OFFICE