

COPY TO O. C. C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐
well well other

2. NAME OF OPERATOR
TENNECO OIL COMPANY

3. ADDRESS OF OPERATOR 78213
6800 Park Ten Blvd., Suite 200 N., S.A., TX.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 657' FNL + 1983' FEL, Unit B
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Convert Well to WI		

5. LEASE NM 7951
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Leonard Bros.
9. WELL NO. 14
10. FIELD OR WILDCAT NAME South Leonard Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 14-T26S-R. 37E
12. COUNTY OR PARISH Lea 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3003. 4 GE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Plan to convert the well to a water injection well.

RECEIVED

JAN 25 1980

U. S. GEOLOGICAL SURVEY
FEDERAL BUREAU OF REVENUE

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED F. R. Bell TITLE Staff Production Analyst DATE 1-18-80

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:
JAN 20 1980
ACTING DISTRICT ENGINEER

TITLE _____ DATE _____
SUBJECT TO CONDITIONS IN PROJECT
APPROVAL LETTER DATED 11/30/79

*See Instructions on Reverse Side