

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

Budget Bureau N. 1004  
Expires August 31, 1985  
5. LEASE DESIGNATION AND SERIAL  
LC032510C  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐  
2. NAME OF OPERATOR  
Wood, McShane & Thams  
3. ADDRESS OF OPERATOR  
P.O. Box 968, Monahans, TX 79756  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below)  
At surface  
Unit Letter D, 660' FNL & 660' FWL of Sec 24,  
T-26-s, R-37-E  
14. PERMIT NO  
N/A  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2991 D.F.

7. UNIT AGREEMENT NAME  
Designation: 8910089750  
8. FARM OR LEASE NAME  
South Leonard Queen Unit  
9. WELL NO.  
3  
10. FIELD AND POOL OR WILDCAT  
Leonard Queen South  
11. SEC., T., S., W., OR BLE. AND SURVEY OR AREA  
Sec 24, T-26-S, R-37-E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT 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\* ☐

(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.)\*

7-12-90

1. M.I.R.U. Pulling Unit
2. P.O.H. w/Rods & tbg
3. T.I.H. w/tbg. hydrotesting to 5000 psi
4. Changed out insert pump & replaced bad rods.
5. Set pumping unit & tied in electric power
6. Restored well to active production status.

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

SIGNED Earl H. Michie TITLE Operations Manager

DATE 3-8-91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side