

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION  
O. BOX 1980  
HORRIS NEW MEXICO 88240  
Expires: September 30, 1990

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Wood, McShane & Thams

3. Address and Telephone No.

P. O. Box 968, Monahans, Texas 79756

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

J, 1980' FSL & 2310' FEL, Section 24,  
T-26-S, R-37-E

5. Lease Designation and Serial No.

LC032510C

6. If Indian, Allottee or Tribe Name

N.A.

7. If Unit or CA, Agreement Designation

South Leonard Unit

8. Well Name and No.

SLQ Unit No. 14

9. API Well No.

300251204800

10. Field and Pool, or Exploratory Area

South Leonard Queen

11. County or Parish, State

Lea, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other
- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection

**Production Test**

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

13. 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.)\*

Production test 12/26/94

SLQ Unit No. 14: 1.0 BOPD  
8.5 BWPD  
Gas to small to measure

ACCEPTED FOR RECORD

*J. Lara*  
JAN 27 1995

CARLSBAD, NEW MEXICO

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

Signed *[Signature]*

Title Operations Manager

Date 12/28/94

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date \_\_\_\_\_

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side

RECEIVED

1955  
C. C. HOBBS  
OFFICE