

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE NUMBER
OF COPIES
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NMXO-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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection		3a. Area Code & Phone No. 505-393-2727	5. LEASE DESIGNATION AND SERIAL NO. NM-7951
2. NAME OF OPERATOR United Gas Search, Inc.		8. FARM OR LEASE NAME Leonard Brothers	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, NM 88241		9. WELL NO. 1	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 Unit P 330' FSL & 990' FEL of Section 13		10. FIELD AND POOL, OR WILDCAT South Leonard Queen	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 13, T26S, R37E
14. PERMIT NO. 30-025-25339	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3003 KB	12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANT <input type="checkbox"/>	(Other) <u>Set Bridge Plug</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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 10/1/90. Pulled production equipment. Set ret. bridge plug at 3520. Treated Queen perms 3454-97 with 2,000 gallons HCl water. Ran 2 7/8" plastic lined tubing with Guiberson A-1 packer set at 2650. Loaded annulus with KCl water. Returned to injection as per OCD order WFX-526.

RECEIVED
NOV 30 11 45 AM '90
CARRIE L. MOORE
AREA ENGINEER

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

SIGNED <u>[Signature]</u>	TITLE <u>Agent</u>	DATE <u>11/29/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side