

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD G
OFFICE FOR R R
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM-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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection | | 5. AREA CODE & PHONE NO. 505-393-2727 | |
| 2. NAME OF OPERATOR United Gas Search, Inc. | | 8. FARM OR LEASE NAME Leonard Brothers | |
| 3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, New Mexico 88241-0755 | | 9. WELL NO. 1 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 990 FEL of Section 13 | | 10. FIELD AND POOL, OR WILDCAT South Leonard Queen | |
| 14. PERMIT NO. 30-025-25339 | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13 T26S R37E | |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3003 KB | | 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 <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 PLANE <input type="checkbox"/> |
| (Other) Set BP & Return to Injection X | |

SUBSEQUENT REPORT OF:

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

(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.)

It is proposed to set retrievable bridge plug at 3440 to shut off Penrose perfs 3532-46, acidize Queen perfs 3454-97 with 5,000 gal 15% acid, run plastic lined tubing & packer & return to injection.

Well was originally WIW, was tested for production 7/6/89 to present.

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

SIGNED Donna Walker

TITLE Agent

DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 9-18-90

*See Instructions on Reverse Side