

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT REG. U  
OFFICE FOR MAJOR  
OF COPIES REQUIRED  
(Other instructions on re-  
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505-393-2727		5. LEASE DESIGNATION AND SERIAL NO. NM-7952	
2. NAME OF OPERATOR United Gas Search, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, New Mexico 88241-0755				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 660' FNL & 1980' FNL Unit B				8. FARM OR LEASE NAME Leonard Brothers "A"	
14. PERMIT NO. 30-025-25560		15. ELEVATIONS (Show whether OF, RT, OR, etc.)		9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT South Leonard Queen 38760	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23 T26S R37E	
				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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL 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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Set Bridge Plug <input checked="" type="checkbox"/>		(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 3500 to shut off Penrose perms 3548 to 78 and acidize Queen perms 3402 to 81 with 5,000 gal 15% acid. Return to production.

RECEIVED  
SEP 17 3 20 PM 1990

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

SIGNED Barbara Sales

TITLE Agent

DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY Barbara Sales  
CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 9-18-90

\*See Instructions on Reverse Side