

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR
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(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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER 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.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, NM 88241				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 1980' FSL & 1980 FEL of Section 13 Unit 8				8. FARM OR LEASE NAME Leonard Brothers
14. PERMIT NO. 30-025-25361		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3003 KB		9. WELL NO. 4
				10. FIELD AND POOL, OR WILDCAT South Leonard Queen
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 13 T26S R37E
		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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Set Bridge Plug & Perf	<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 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.)

Work began 9/25/90. Pulled tubing & packer. Set retrievable bridge plug at 3469. Perforated 3398-3419, 3420-3441 with 1 shot per foot. Treated with 2,000 gals 15% acid. Ran 2 7/8" plastic lined tubing with new Guiberson ADI packer at 2550. Loaded annulus with KCl water. Return to injection.

RECEIVED
DEC 28 10 51 AM '90
CAB AREA
BUREAU OF LAND MANAGEMENT

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

SIGNED <u>Wanda L. Lohr</u>	TITLE <u>Agent</u>	DATE <u>12-27-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side