

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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Budget Bureau No. 1004-0100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-7951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Leonard Bros.

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

S. Leonard

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T26S, R37E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☐ GAS WELL ☐ OTHER ☒ convert to WIW

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

7990 IH 10 West, San Antonio, TX 78230

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3003 KB, 2993 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) ☒ convert to WIW

(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.)*

1. MIRU PU.
2. Pull rods and pump
3. NUBOP. Tag bottom and pull tubing.
4. RIH w/ 2 7/8" tubing and treating packer set PKR at 3350'. Treat perforations with xylene/15% HCL. Flush tubing w/2% KCL.
5. Unset pkr. POOH w/pkr and tbq.
6. RIH w/plastic coated tbq and plastic coated Guiberson uni-packer I. Circulate hole w/ 2% KCL containing corrosion inhibitor, oxygen scavenger and biocide.
7. Set PKR at 3300'. NDBOP.
8. Hook up injection line.
9. RDPU.

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

SIGNED

Robert G. Mattew

TITLE

Production Eng. Supv.

DATE

8-2-84

(This space for Receiver's use only)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

AUG 8 1984

TITLE

Subject to
Like Approval
by State

DATE

*See Instructions on Reverse Side

NEW MEXICO