Form 3160-5	1	UNITF STA	ATFC	SUBMIT IN TRIPI	JCA"	Budget Bureau	No. 1004-0135	
(November 1983) (Formerly 9-331) DEPARTMENT THE INTERIOR (Other Instructions of verse side)					Ot 10	Expires August 5. LEASE DESIGNATION		
BUREAU OF LAND MANAGEMENT						NM-7951		
SUNDRY NOTICES AND REPORTS ON WELL'S CO 88240						6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not use this	DRY NOIL form for propose Use "APPLICA	CES AND Rais to drill or to de TION FOR PERMI	REPORTS Conference of the conf	ck to a different reservoir	r.			
OIL DE WELL OTHER Injection Well						7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR						8. FARM OR LEASE NAME		
Tenneco Oil Company						Leonard Brothers		
3. ADDRESS OF OPERATOR						9. WHLL NO.		
7990 IH 10 West, San Antonio, Tx 78230 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						10. FIELD AND POOL, OR WILDCAT		
See also space 17 below.) At surface						Leonard South (Queen)		
660' FSL & 660' FWL, Sec. 13, T26S, R37E						11. SBC., T., B., M., OR BLE. AND		
660' FS	Г % ррп. в	WL, Sec. 13	5, 1205, K	37E		SURVEY OR AREA		
						Sec. 13, T26S,		
14. PERMIT NO.		15. ELEVATIONS (Show whether DP,	RT, GR, etc.)		12. COUNTY OR PARISH	1	
		2993.4	4' GR		<u>i</u>	Lea	New Mexic	
16.	Check Ap	propriate Box 1	To Indicate N	ature of Notice, Repo	rt, or Ot	her Data		
						UBNT REPORT OF:		
TEST WATER SHUT-O	[]	TLL OR ALTER CAS	1X0	WATER SHUT-OFF		REPAIRING W	···	
FRACTURE TREAT	·	CLTIPLE COMPLET		PRACTURE TREATME	NT -	ALTERING CA		
SHOOT OR ACIDIZE		BANDON®		SHOOTING OR ACIDIZ		ABANDONMEN	[
REPAIR WELL		HANGE PLANS		(Other)				
(Other) test d	ownhole ed	quip/casing		(Note: Repor Completion or	t results o Recomplet	f multiple completion of tion Report and Log for	on Well m.)	
 pescribe proposed of proposed work. If nent to this work.) 	well is direction	RATIONS (Clearly st nally drilled, give	tate all pertinent subsurface locati	details, and give pertines ons and measured and tru	nt dates, i le vertical	ncluding estimated date depths for all markers	of starting any and sones perti-	
RU pump	truck and	d pressure	recorder			OF I		
Pressur	e test car	sing to 500	psi			15 M 11 CV	20	
		for minimum				S SFI	7	
		essure decr	eases 50 p	si or		10 1461	11/2	
more in	15 minut	es				i ilia		
						19	70.	
						. T	768 - H	
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						n ^a		
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						•		
18. I hereby certify that	the foregoing is	true and correct						
· Com	4 Contr	1	Drog	luction Engineer		6/1′	3/86	
SIGNED XXXX	, mi		TITLE FIOR	recton pugineer		_ DATE	-,	
(This space for Feder	ral or State offic	e use)					2	
APPROVED BY	gd i Chaulas Si	•	TITLE			DATE 62	316	
CONDITIONS OF AF	PROVAL, IF A	NY:				_ DAIN		

March 1986