

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

GEC GICAL SURVEY COPY TO C 2 C

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		5. LEASE DESIGNATION AND SERIAL NO. <b>84 - 7951</b>
2. NAME OF OPERATOR <b>TECHNICO OIL COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>6800 Park Ten Blvd., Suite 200 N., San Antonio, Texas 78213</b>		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  <b>1980' FWL and 2190' FWL, UNIT F</b>		8. FARM OR LEASE NAME <b>LEONARD BROS.</b>
14. PERMIT NO.		9. WELL NO. <b>10</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>1000.1' G.L.</b>		10. FIELD AND POOL, OR WILDCAT <b>LEONARD QUINN, SOUTH</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 11, T26S, R 37 E</b>
		12. COUNTY OR PARISH <b>LEA</b>
		13. STATE <b>NEW MEXICO</b>

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"/>
FRACURE 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 PLANS <input type="checkbox"/>
(Other) <b>RENEW DRILLING PERMIT</b>	<b>X</b>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)\*

**PLEASE RENEW YOUR PERMISSION TO DRILL THIS WELL FOR ANOTHER 6 MONTHS. ORIGINAL PERMIT WAS APPROVED 6-9-77**

Unless Drilling Operations have  
Commenced, this drilling approval  
Expires 2-1-79

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

SIGNED R. E. Kuylen

TITLE

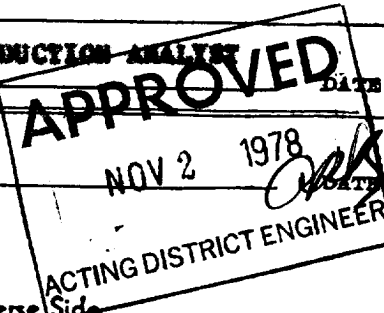
**STAFF PRODUCTION ANALYST**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side