

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECD.
OFFICE FOR MAND
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 ☒ GAS WELL ☐ OTHER ☐		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, 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 660 660/E 1980' FSL & 1980' FWL		8. FARM OR LEASE NAME Leonard Federal	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3410 KB		10. FIELD AND POOL, OR WILDCAT South Leonard Queen	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14 T26S R37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☒	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANE	☐	(Other)	☐		
(Other) Set Bridge Plug				(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
17. DESCRIBE PROMISED 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 3480 to shut off Penrose perfs 3487-3530, perf Queen 3384-3434 and treat with 5,000 gal 15% acid. Return to production.

RECEIVED
SEP 17 8 30 AM '90

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

SIGNED Donna Wells

TITLE Agent

DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE PERMISSION

DATE 9-28-90

*See Instructions on Reverse Side

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SEP 21 1990

DOJ
HOMES OFFICE