

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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 Injection		3a. Area Code & Phone No. 505-393-2727	
2. NAME OF OPERATOR United Gas Search, Inc.		8. FARM OR LEASE NAME Leonard Federal	
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, New Mexico 88241-0755		9. WELL NO. 10	
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 unit 8		10. FIELD AND POOL, OR WILDCAT South Leonard Queen	
14. PERMIT NO. 30-025-25381		15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3002 KB	
12. COUNTY OR PARISH Lea		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☒	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other) Set Bridge Plug	☒	(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.)*

It is proposed to set retrievable bridge plug at 3450 to shut off Penrose perfs 3489-3547 and acidize Queen perfs 3379-3447 with 5,000 gal 15% acid. Return to injection.

Subject to
LEA Agent
by [Signature]

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

SIGNED <u>Donna Nelson</u>	TITLE <u>Agent</u>	DATE <u>9/13/90</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>9-15-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

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HOBBS OFFICE