Form.	9-331
(May	1963

## UNITED STATES

		TRIPLIC	TE.
(Other 1	nstr	uctions	Tr.
verse slife	.)		

Form approved. Budget Bureau No. 42 R1421. 5. LEASE DESIGNATION AND BERIAL NO.

GEOLOGICAL SURVEY	1/11-7951
SUNDRY NOTICES AND REPORTS ON WELLS	6. D' INDIAN, ALLOTTEE OR TRIBE NAM

(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.)	
I.  OIL (X) GAS WE'L (X) WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Tenneco Oil Company	Leonard Federal
3. Address of Operator	9. WELL NO.
1860 Lincoln St., Suite 1200, Denver, Colo. 802955	10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
1980 ' FSL and 1980 'FEL, Unit J 1997	Leonard Queen South
1300 PSL and 1300 PEL, Unit 0 1977	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
S. GEGLOSICAL SURPLE	Sec. 27, T26S, R37E
14 PYCMIT NO. 15 EIEVATIONS (Show whether DE RT CR otc.)	19 COLVEY OF PERSON 19 DELEN

2992.2' Lea New Mexico 16.

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

		• •				
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 PLANS		(Other) <u>Change in We</u>		X
(Other)				(Note: Report results of a Completion or Recompletion	multiple completion on Well n Report and Log form.)	ı

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 change this well name from Leonard Bros. Well No. 17 to Leonard Federal Well No. 10.

18. I hereby certify that the foregoing is true and correct TITLE Div. Production Manager (This space for Federal or State office use) ACCEPATED FOR RECORD APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

U. S. GEØ HOBBS, NEW MEXICO