

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on re-
verse side)

NH 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		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR United Gas Search, Inc.		8. FARM OR LEASE NAME Leonard Federal	
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, NM 88241		9. WELL NO. 11	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL Sec 14 unit N		10. FIELD AND POOL, OR WILDCAT South Leonard Queen	
14. PERMIT NO. 300025-25833		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2990 GL	
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) Acidize ☒	(Other) ☒
(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.)			

Work began 9/12/90. Pulled tubing and packer. Treated with 2000 gallons 15% HCL acid. Ran 2 7/8" plastic lined tubing with new Guiberson ADI packer at 2550. Loaded annulus with KCl water. Repaired water line. Return to injection 11/8/90.

RECEIVED
DEC 28 10 53 AM '90
CABLED
AREA
TELETYPE
UNIT

18. I hereby certify that the foregoing is true and correct			
SIGNED <u>W. Bruce Wells</u>	TITLE <u>Agent</u>	DATE <u>12/21/90</u>	
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

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JAN 09 1991

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NCBIS OFFICE