

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT REPLYING
OFFICE FOR NUMBER
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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> 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, 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		10. FIELD AND POOL, OR WILDCAT South Leonard Queen	
14. PERMIT NO. 30-025-25833		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T26S, R37E	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 2990 GR		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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 ret. bridge plug at 3520 to shut off Penrose perms 3569 to 3604 and acidize Queen perms 3414 to 3512 with 5000 gals 15% acid. Return to injection.

RECEIVED
SEP 17 8 33 AM '90

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

SIGNED <u>Hanna Hake</u>	TITLE <u>Agent</u>	DATE <u>9-13-90</u>
(This space for Federal or State office use)		
APPROVED BY <u></u>	TITLE <u></u>	DATE <u>9-18-90</u>
CONDITIONS OF APPROVAL IF ANY:		

*See Instructions on Reverse Side