

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on re-
verse side)

NM 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, NM 88241		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 1980' FSL & 660 FWL Sec. 14		8. FARM OR LEASE NAME Leonard Federal
14. PERMIT NO. 30-025-25855		9. WELL NO. 13
15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3003 KB		10. FIELD AND POOL, OR WILDCAT Rhodes Yates Gas
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T26S, R37E
		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 ☐	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) Recomplete to Yates Gas ☒	
(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 9/21/90. Ser CIBP @ 3100 & cap w/35' cement. Perf 2699-2702, 2708-20, 2722-26, 2746-60, 2782-2806, 2844-60, 2892-2914, 2918-30, 2988-3010, 3016-20 with 1 shot per foot. 11/15/90 treated with 2,000 gals 15% Hcl acid, 40,000 gals gel KCl and 90,000# 20/40 sand. Flow 750 MCF per day at 1250#.

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DEC 28 10 54 AM '90
OAS
AREA

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

SIGNED <u>Deanne Heller</u>	TITLE <u>Agent</u>	DATE <u>12-27-90</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

OFFICE
HOBBS & CO.