

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROBBS, NEW MEXICO 88440

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-7951	
2. NAME OF OPERATOR Tenneco Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 7990 IH 10 West, San Antonio, Texas 78230		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, T26S, R37E		8. FARM OR LEASE NAME Leonard Federal	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2992' GR		10. FIELD AND POOL, OR WILDCAT Leonard South (Queen)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T26S, R37E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Test downhole equip/casing

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

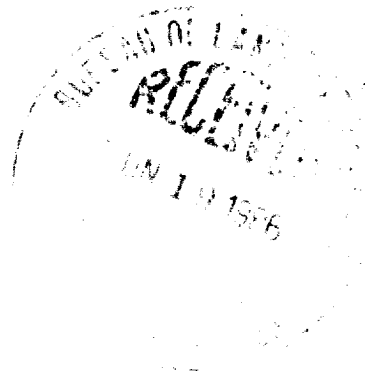
ALTERING CASING

ABANDONMENT*

(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.)*

R.U. Pump truck and pressure recorder
Pressure Test casing to 500 psi
Monitor pressure for minimum of 15 minutes
Repressure if pressure decreases 50 psi or more in 15 minutes



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

SIGNED Steven Carls TITLE Production Engineer DATE 6/13/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 6-23-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side