

DEPARTMENT OF THE INTERIOR (Form 800)
GEOLOGICAL SURVEY

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 2. NAME OF OPERATOR Tenneco Oil Company 3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222 4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 1980' FN and 1980' FWL, Unit F 14. PERMIT NO.	5. LEASE DESIGNATION AND SERIAL NO. NM 7951 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME LEONARD BROS. 9. WELL NO. 16 10. FIELD AND POOL, OR WILDCAT LEONARD QUEEN SOUTH 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 13, T26S, R37E 12. COUNTY OR PARISH LEA 13. STATE NEW MEXICO
15. ELEVATIONS (Show whether DF, RT, CK, etc.) 3005' GL	

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) ☐	

(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.)*

4/16/78 DRLD 7 7/8" HOLE TO 3615'. RAN 84 JTS 5 1/2" CSG. SET @ 3615'. CMT'D W/ 1100 SX LITE CMT FOLLOWED BY 200 SX CL C W/ 2% CACL. PD @ 11:45 PM 4-16-78. WOCU.

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

SIGNED *D.H. Meyer* TITLE Div. Production Manager DATE 4/21/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

