

ONLY 1967)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STANDARD INSTRUCTIONS ON THE REVERSE SIDE

Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM - 7951
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. WELL TYPE OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME LEONARD BROS	
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		9. WELL NO. 19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL and 1980' FWL, Unit C		10. FIELD AND POOL, OR WILDCAT LEONARD QUEEN SOUTH	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 13, T26S, R37E	
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3005' GL		12. COUNTY OR PARISH LEA	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☒	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)	☐		☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

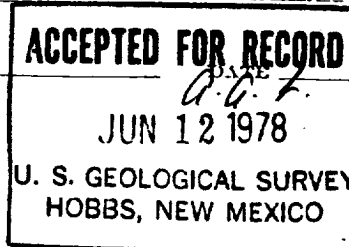
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

DRLD 7 7/8" HOLE TO 3642'. RAN LOGS. RAN 5 1/2", 15.5 # CSG TO 3642. SET @ 3642'. CMT W/ 800 SKLITE & 200 SKCL C. PD @ 7:20 A.M. 5-22-78. CIRC CMT TO SURFACE. REL RIG. WOCU.

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

SIGNED Carley Matheson TITLE Administrative Supervisor DATE 6/17/78
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side