(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
GEOLOGICAL SURVEY

Budget Bureau No. 42-R1424.

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.)

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

1. OIL WELL [X] 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 requirements.* See also space 17 below.) At surface: 660 ' FNL and 1980 'FWL, Unit C

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.: 19

10. FIELD AND POOL, OR WILDCAT: LEONARD QUEEN SOUTH

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: SEC 13, T26S, R37E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, 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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(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 5½", 15.5 # CSG TO 3642.
SET @ 3642'. CMT W/ 800 SX LITE & 200 SX CL 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 Matthews TITLE Administrative Supervisor DATE 6/7/78

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
A.G.F.
JUN 12 1978
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*See Instructions on Reverse Side