

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 42-11424
5. LEASE DESIGNATION AND SERIAL NO.

NM - 7951

6. IF INDIAN, ALIQUOT 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. ☐ 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 and in accordance with U.S. Geological Survey instructions.)

See also space 17 below.)

At surface

1980 ' FEL and 1980 ' FN, Unit

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2997 ' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LEONARD BROS

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

LEONARD QUEEN SOUTH

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC 14, T26S, R37E

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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.)

SPUDDED 12 1/4" HOLE @ 3:15 P.M. 5-23-78. DRLD TO 512'.
RAN 12 JTS 8 5/8" 24# CSG. SET @ 500' CMT'D W/ 500 SX.
CL C. PD @ 2:46 A.M. 5-24-78. CIRC CMT TO SURF. W.O.
CMT 12 HRS. TEST TO 1000 PSI FOR 1/2 HR. HELD OK.

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

SIGNED

Carley Nathan

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

