

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NO
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMXO-3160-4

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> | | 5. LEASE DESIGNATION AND SERIAL NO. NM-7951 |
| 2. NAME OF OPERATOR United Gas Search, Inc | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, NM 88241 | | 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' FNL & 2180' FWL | | 8. FARM OR LEASE NAME Leonard Brothers |
| 14. PERMIT NO. API #30-025-25860 | | 9. WELL NO. 21 |
| 15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3008 KB | | 10. FIELD AND POOL, OR WILDCAT Rhodes Yates SevenRivers |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14 T26S R37E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |

(Other) Recomplete to Rhodes Yates-SR

(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.) *

Work began 10/4/90. Set CIBP @ 3100, cap with 35' cement.
Perforated 2644-48, 2658-64, 2672-76, 2684-86, 2700-12,
2798-2810, 2860-70, 2930-38 with 1 shot per foot, Shut-In
waiting on frac treatment. 6/21/91 Treated with 1,000 bbls
gelled water & 155,000# 20/40 sand. Maximum pressure 2200#.
6/22/91 Flowed 3200 MCF gas per day thru 24/64" choke, FCP 605#.

ACCEPTED FOR RECORD

Adm

JUL 3 1991

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

SIGNED *W. W. D. Baker*

TITLE Agent

DATE 6-25-91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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GER
HOBBS OFFICE