

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES R  
(Other Instruc RFD  
verse side)

HM Roswell District  
Modified Form No.  
MXO-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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection |  | 31. Area Code & Phone No.<br>505-393-2727                            |  |
| 2. NAME OF OPERATOR<br>United Gas Search, Inc.  |  | 8. FARM OR LEASE NAME<br>Leonard Brothers                            |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 755, Hobbs, New Mexico 88241-0755   |  | 9. WELL NO.<br>21  |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface              |  | 10. FIELD AND POOL, OR WILDCAT<br>South Leonard Queen                |  |
| 14. PERMIT NO.<br>30-025-25860  |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 14 T26S R37E |  |
| 15. PLAZATIONS (Show whether NF, RT, GR, etc.)<br>3008 KB   |  | 12. COUNTY OR PARISH<br>Lea  |  |
|   |  | 13. STATE<br>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"/> |

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 Yates

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

17. DESCRIBE PROMISED 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.)

It is proposed to run electric log, set CIBP at 3050, cap with 3' cement, perf Yates as indicated by log, test for production

RECEIVED  
SEP 17 8 23 AM '90  
CASA  
ARIZONA

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

SIGNED Donna Walker

TITLE Agent

DATE 9/13/90

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Agent Walker

TITLE Agent

DATE 9-18-90

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side