

UNIT STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC/ (Other instructions o. verse side)

Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985

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  
7990 IH 10 West, San Antonio, TX 78230  
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1980' FNL & 660' FWL  
14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2991'

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 Brothers  
9. WELL NO.  
22  
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  
New Mexico

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) return to production  
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.) \*

- 1. MIRU PU. NUBOP. RIH w/2 7/8 8RD J55 tbg. to + 3440. NDBOP.
- 2. RIH w/135-3/4 rods and 1 1/4" pump.
- 3. Return to production.

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

SIGNED [Signature]  
ACCEPTED FOR RECORD  
(This space for Federal or State office use)

TITLE Production Engineering Supv. DATE 7-18-84

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL IF ANY

TITLE DATE

Carlsbad NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED

JUL 27 1984

U.S.S.  
HOSPITAL