

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPPLICATE
(Other instructions on the
reverse side)Form Approved
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

GEOLOGICAL SURVEY

COPY TO U.S.C.

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. WELL TYPE OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Tenneco Oil Company		8. FARM OR LEASE NAME Leonard Bros.	
3. ADDRESS OF OPERATOR 720 So. Colorado Blvd., Denver, Colorado 80222		9. WELL NO. 22	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 660' FW, Unit E		10. FIELD AND POOL, OR WILDCAT Leonard Queen South	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CK, etc.) 2991	
		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

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒
☐
☐

REPAIRING WELL

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☐
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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)

6-1-78

SPUDDED 12 1/4" HOLE @ 8:00 PM 6-1-78. DRILD to 520'. RAN 12 JTS
8 5/8" 24# CSG. SET @ 515'. CMT'D W/ 500 SX CL C.
CIRC TO SURF. WOC. TESTED TO 1000 PSI HELD OK.

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

SIGNED

Barbara J. Clark

Division

TITLE: Administrative Supervisor

DATE 6-30-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

