

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

COPY TO DEPARTMENT OF THE INTERIOR

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>NM - 7952</b>
2. NAME OF OPERATOR <b>TENNECO OIL COMPANY</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>6800 Park Ten Blvd., Suite 200 N., San Antonio, TX. 78213</b>	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 <b>600' FNL and 1980' FNL</b>	8. FARM OR LEASE NAME <b>LEONARD BROS. "A"</b>
14. PERMIT NO.	9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2990' KB</b>	10. FIELD AND POOL, OR WILDCAT <b>LEONARD QUEEN SOUTH</b>
	11. SEC., T., R., or BLK. AND SURVEY OR AREA <b>SEC. 23, T26S, R37E</b>
	12. COUNTY OR PARISH <b>LEA</b>
	13. STATE <b>NEW MEXICO</b>

16. 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 checked="" 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) <input type="checkbox"/>	

(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.)\*

PLEASE RENEW YOUR PERMISSION TO DRILL THIS WELL FOR ANOTHER 6 MONTHS. CHUDWENT PERMIT  
EXPIRES 1-24-79

Unless Drilling Operations have  
commenced, this drilling approval  
Expires 5-1-79

RECEIVED

JAN 25 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED

*R. E. Keifer*

TITLE

STAFF PRODUCTION ANALYST

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JAN 26 1979

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side