

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)  
COPY TO O. C.Form approved.  
Budget Bureau No. 42-R1424.

## 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 type="checkbox"/> OTHER <input type="checkbox"/>		6. LEASE DESIGNATION AND SERIAL NO. <b>SM - 7952</b>	
2. NAME OF OPERATOR <b>TENNECO OIL COMPANY</b>		7. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>6800 Park Ten Blvd., Suite 200 N., San Antonio, TX. 78213</b>		8. FARM OR LEASE NAME <b>LEONARD BROS. "A"</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>600' FWL and 1900' FWL</b>		9. WELL NO. <b>3</b>	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <b>LEONARD QUEEN SOUTH</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>2990' KB</b>		11. SEC. T., R., M., 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) <b>RENEW DRILLING PERMIT</b>	<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. ORIGINAL PERMIT  
EXPIRED 8-21-78Unless Drilling Operations have  
Commenced, this drilling approval  
Expires 1-24-79

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

SIGNED

*P. E. Kuyper*

TITLE

STAFF PRODUCTION ANALYST

DATE

10-31-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 2 1978

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side