

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instruction on the
reverse side)Form approved,
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

NM-7951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐	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. 25
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2280' FNL and 900' FWL, Unit E	10. FIELD AND POOL, OR WILDCAT Leonard Queen South
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2996' GR
	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec 13, 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

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)

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.)*

7-6-78 to 7-8-78

DRLD 7-7/8" HOLE TO 3600' (TD). RAN 91 JTS 5-1/2", 15.5 #
CSG. SET @ 3600' CMT W/ 1300 SX CL C. TAIL IN W/ 200 SX CL C. CIRC
CIRC 100 SX CMT TO SURF. REL RIG 8:00 7-8-78

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

SIGNED

Carly Watters

TITLE: Administrative Supervisor

DATE

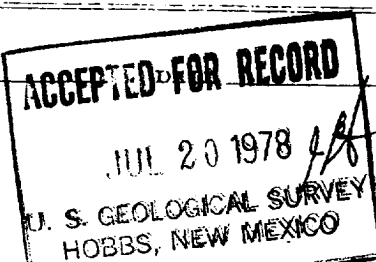
7/18/78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

RECEIVED

JUL 25 1978

TELEVISION COMM.
HARRIS, N. M.