

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR INSTRUCTIONS
OF COPIES REQUIRED
(Other instructions on reverse side)

BLM Roswell District
Modified Form No.
NM-3160-4

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 checked="" type="checkbox"/> <u>Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. NM-7951
2. NAME OF OPERATOR United Gas Search, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 755, Hobbs, NM 88241		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 660' FNL & 660' FWL of Section 13		8. FARM OR LEASE NAME Leonard Brothers
14. PERMIT NO. 30-025-25981		9. WELL NO. 26
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3010 KB		10. FIELD AND POOL, OR WILDCAT South Leonard Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T26S, R37E
		12. COUNTY OR PARISH 13. STATE Lea 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 COMPLETION ☐

ABANDON* ☐

CHANGE PLANT ☐

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.)*

Work began 9/12/90. Pulled tubing & packer. Treated with 2,000 gallons 15% HCl acid. Reran 2 7/8" plastic lined tubing with new Guiberson A-1 packer set at 2650. Loaded annulus with KCl water. Repaired water line. Returned to injection 10/1/90.

RECEIVED
NOV 30 11 45 AM '90
CARL AREA
OFFICE
ATTN: [illegible]

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

SIGNED

Marlene Walker

TITLE

Agent

DATE

11/29/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side