

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
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BLM Roswell District
Modified Form No.
NMXO-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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>		5. LEASE DESIGNATION AND SERIAL NO. NM-7951	
2. NAME OF OPERATOR <u>United Gas Search, Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P. O. Box 755, Hobbs, NM 88241-0755</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1980' FNL & 660 FEL</u> <u>Unit 74</u>		8. FARM OR LEASE NAME <u>Leonard Brothers</u>	
14. PERMIT NO. <u>30-025-25982</u>		9. FIELD NO. <u>27</u>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>3019 KB</u>		10. FIELD AND POOL, OR WILDCAT <u>South Leonard Queen</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 14 T26S R37E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>NM</u>	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) Set Bridge Plug

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 9/24/90. Pulled tubing & packer. Set retrievable bridge plug at 3466. Treated perms 3398-3428 with 2,000 gals 15% HCl acid. Ran 2 7/8" plastic lined tubing with new Guiberson packer at 2550. Loaded annulus with KCl water returned to injection.

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

SIGNED Dennis Wells TITLE Agent DATE 12-27-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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JAN 09 1991

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