(May 1963) UNITED STATES (Other instructions on reverse side)
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM- 7951

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [X] 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.: 28

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660 ' FNL and 330 'FEL, Unit A

10. FIELD AND POOL, OR WILDCAT: Leonard Queen South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 14, T26S R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3010' KB

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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[X]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)							

(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.)*

SPUDDED 12-1/4" HOLE 11:00 AM 7-23-78. DRLD TO 515'. RAN 12 JTS 8-5/8" #24 CSG. SET @ 502'. CMT'D w/ 500 SX CL C. CIRC TO SURF. PD 1:45 PM 7-23-78. WOC 12 HRS. TEST CSG TO 1000 PSI. HELD OK.

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

SIGNED Carley Watkins TITLE Administrative Supervisor DATE 8/1/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
O.G.F.
AUG 4 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO