

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SEE INSTRUCTIONS ON REVERSE SIDE

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 ☐

2. NAME OF OPERATOR

Tenneco Oil Company

3. ADDRESS OF OPERATOR

720 So. Colorado Blvd., Denver, Colorado 80222

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Leonard Bros.

9. WELL NO.

28

10. FIELD AND POOL, OR WILDCAT

Leonard Queen South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 14, T26S R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CK, etc.)

3010' KB

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.)

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

Carly Patterson

TITLE: Administrative Supervisor

DATE

8/1/78

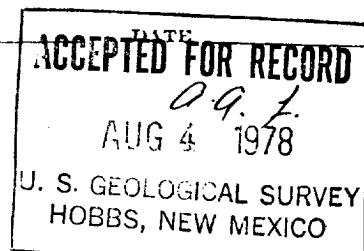
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



RECEIVED

NOV 8 1978

DEFENSE COMMAND
WASHINGTON, D. C.