

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCOPY TO O. C. G.
SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

MM - 7952

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LEONARD BROS. "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

LEONARD QUEEN SOUTH

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

SEC. 23, T26S, R37E

12. COUNTY OR PARISH

LEA

13. STATE

NEW MEXICO

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 type="checkbox"/> | 2. NAME OF OPERATOR TENNECO OIL COMPANY | 3. ADDRESS OF OPERATOR 6500 Park Ten Blvd., Suite 200 N., San Antonio, TX. | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FWL AND 1980' FWL, UNIT C |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2981.6' GL | | 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) RENEW DRILLING PERMIT

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*

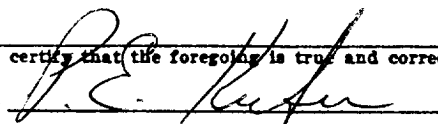
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

PLEASE RENEW YOUR PERMISSION TO DRILL THIS WELL FOR ANOTHER 6 MONTHS. PREVIOUS
PERMIT EXPIRED 3-31-78Unless Drilling Operations have
Commenced, this drilling approval
Expires 1-31-79

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

SIGNED



TITLE

STAFF PRODUCTION ANALYST

DATE

10-31-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 2 1978

DISTRICT ENGINEER

*See Instructions on Reverse Side