State of New Mexico

to Appropriate District Office	Energy, Minerals and Natural Resources Department			Revised 1-1-89
<u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088		WELL API NO.	
DISTRICT II			30-015-02831	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No. E-785	
SUNDRY NOTICES AND REPORTS ON WELLS				
DIFFERENT RESE	ROPOSALS TO DRILL OR TO DEEPEN PRIVOIR. USE "APPLICATION FOR PE C-101) FOR SUCH PROPOSALS.)	N OR PLUG BACK TO A ERMIT"	7. Lease Name or Un	nit Agreement Name
1. Type of Well: OIL GAS	016			_
WELL K WELL 2. Name of Operator	WELL OTHER		LEONARD STATE	
C.E. Larue & B N Muncy Jr.			8. Well No.	
3. Address of Operator			9. Pool name or Wildcat	
P O BOX 1370 ARTESIA, NM 88211-1370			SQUARE LAKE GRAYBURG SAN ANDRES	
4. Well Location	980 Feet From The W	Line and 990		ha N I ina
Unit Letter : : :	Feet From The	Line and	Feet From T	he Line
Section 36		tange 29E	NMPM EI	DDY County
	10. Elevation (Show whether 3691 DF	DF, RKB, RT, GR, etc.)		
Charle		Notice of Notice D	Jament au Othan F	
Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	L AI	TERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING			G OPNS. 🔲 PI	LUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CI			EMENT JOB	
12 Describe Proposed or Completed One	rations (Clearly state all pertinent details, a	and give pertinent dates inch	edina animata di data afi a	and a second
work) SEE RULE 1103.	ations (Clearly state an periment desaits, a	ina give periineni daies, incii	uing estimated date of st	arting any proposea
PUT WEI	LL BACK ON PUMP 8/27/03	. SET PUMPJACK	. HOOKING UP E	LECTRICITY.
	HOULD BE MAKING PRODUCT			
			626272829303	
		Jo. 1	•	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	***** WU3	<u>~</u>
	• .	12,	MP DOO	34
		07	RECEIVED	50
		/6F	OCD · WILL	3456
I haveher needlifty that the information above is to	ue and complete to the best of my knowledge and	d balist	•	/
SKINATURE E		OWNER	Status INTO	8/27/22
TYPE OR PRINT NAME C E LAF		`		TELEPHONE NO.
		ANN	7	
(This space for State Use)	<i>YO</i>	Quild ;	LO D	Auc e ~
APPROVED BY	8 1 п	TLE	Y -	AUG 2 7 2003

CONDITIONS OF APPROVAL, IF ANY: