

CIST
BP

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.
30-015-03956

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
NMO8529

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" (FORM C-101) FOR SUCH PROPOSALS.)

7. Lease Name or Unit Agreement Name

ETZ FEDERAL

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
C.E. LaRUE & B N MUNCY JR.

8. Well No.
2

3. Address of Operator
P O BOX 1370 ARTESIA, NM 88211-1370

9. Pool name or Wildcat
SQUARE LAKE GRAYBURG SAN ANDRES

4. Well Location
Unit Letter M : 660 Feet From The S Line and 660 Feet From The W Line
Section 31 Township 16S Range 30E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3698 GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

CHANGED OUT TUBING AND RODS PUT WELL BACK ON PRODUCTION 1/19/02. WELL IS MAKING APPROXIMATELY 4 BBLs OF OIL PER DAY AND APPROXIMATELY 40 BBLs OF WATER PER DAY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE OWNER DATE 3/15/02

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature] TITLE Wild Sup DATE MAR 19 2002

CONDITIONS OF APPROVAL, IF ANY: