

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 30240 LC062486

FORM 3100-5
Bureau Form 3100-5
Expire: August 31, 1985
LEASE DESIGNATION AND SERIAL

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 Water Injection Well

2. NAME OF OPERATOR
C.E. LaRue and B.N. Muncy, Jr.

3. ADDRESS OF OPERATOR
PO Box 470 Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below)
1989' FNL and 330' FEL
Section 5 T14S R31E

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4104' GL

6. IF INDIAN ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Trigg Federal

9. WELL NO.
35

10. FIELD AND POOL OR WILDCAT
Caprock Queen

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 5 T14S R31E

12. COUNTY OR PARISH
Chaves

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.) *

We hereby request approval to continue Temporary Abandon status on this well.

We are currently planning on putting this well back in operation in the near future.



18. I hereby certify that the foregoing is true and correct
SIGNED C.E. LaRue TITLE C.E. LaRue Owner DATE 8/10/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR ¹² MONTH PERIOD
ENDING OCT 30 1988
*See Instructions on Reverse Side

DATE APPROVED
PETER W. CHESTER
OCT 30 1987
BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA