## Form 3160-5 (June 1990)

## N.M. Oil Cons. DIV-Dist. 2

## unitanstratés. Grand Avenue DEPARTMENT OF THE INTERIOR 88210 BUREAU OF LAND MANAGEMENT

FORM APPROVED

Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No.

SUBMIT IN TRIPLICATE    Type of Well   Sub   Gas   Gate		OUNDDY NOTICE	MM-27277	
SUBMIT IN TRIPLICATE    Type of Well   Well   Other   Service   Se	Do not	use this form for proposals to dr	ill or to deepen or reentry to a different reserve	
Section   Check   Continued   Check		SUBMIT	7. If Unit or CA, Agreement Designation	
Section   Content   Cont	1. Type of V	Weli .		
2. Name of Operator C E LARUE & B N MUNCY JR.  3. Address and Telephone No. P O BOX 1370 ARTESIA, NM 88211-1370 A Location of Well (Foodage, See, T. R. M., or Survey Description) A Location of Well (Foodage, See, T. R. M., or Survey Description) 1650' FSL & 2310' FWL SEC 15 T18S R30E  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF SUBMISSION Abandonment Notice of Intent Recompletion Subsequent Report Plug in Back Carrier Report Carr			8. Well Name and No.	
3. Address and Telephone No. P O BOX 1370 ARTESIA, NM 88211-1370 1650' FSL & 2310' FWL SEC 15 T185 R30E  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  13. Describe Proposed or Completed Operations (Clearly stat all pertiant details, and give pertures date, lackliding estimated and of extended multiple completed operations and measured and true vertical deepth for all markers and sworts."  13. Describe Proposed or Completed Operations (Clearly stat all pertiants details, and give pertures date, lackliding estimated date of starting atty, proposed where. If wall is direction gives business perfects to this work."  14. Total and the perfect of the per			GATES FEDERAL #2	
A Location of Well (Footage, Sec., T., R., M., or Survey Description)  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  1. Centry or Parish, State  SEC 15 T18S R3OE  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION  Typ			9. API Well No.	
A Location of Well (Footage, Sec., T., R., M., or Survey Description)  1650 ' FSL & 2310 ' FWL SEC 15 T18S R30E  12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION  TYPE OF ACTION  Notice of Intent  Abandonment  Recompletion  Subsequent Report  Final Abandonment Notice  Plugging Back None-Reports to Impediate Operations (Clearly state all pertinent details, and give pertinent dues, including estimated date of starting, stay proposed work water through give subsurface locations and measured and true vertical depths for all markers and zonce pertinent to this work.)  2/10/05 PUMPED 25 SKS PLUS @ 3157. TAG TOP OF CEMENT @ 3057'. TOH W/TBG TO 1754'. PUMPED 25 SKS CEMENT.  2/11/05 RUN IN HOLE W/WIRELINE. TAG TOP OF CEMENT @ 1650 ' PERFORATED CSG @ 570' W/ 6 SHO 2/16/05 PUMPED 750 BBLS WATER THROUGH PERFS. DID NOT CIRCULATE. PUMPED 35 SKS CEMENT @ 390'. TIH WITH WIRELINE PERFORATE CSG @ 65'. TOH. PUMP 60 SKS CEMENT FROM SURFACE THROUGH PERFS. DID NOT CIRCULATE.  2/11/05 TIH W/TBG TAG CEMENT @ 118' TOH W/TBG.  2/11/05 TIH W/TBG TEM CEMENT @ 118' TOH W/TBG.  3/10/05 PUMPE 25 SKS CEMENT. WCC 30 MINUTES. PUMPED 25 SKS CEMENT. WCC 30 MINUTES. PUMPED 100 SKS CEMENT. CIRCULATE.  2/11/05 TIH W/TBG TAG CEMENT @ 118' TOH W/TBG.  3/10/05 PUMPE 25 SKS CEMENT. WCC 30 MINUTES. PUMPED 25 SKS CEMENT. WCC 30 MINUTES. PUMPED 100 SKS CEMENT. CIRCULATED CEMENT TO SURFACE. SET DRY HOLE MARKER. CLEAN AND RIP LOCATION.  ABA 10 plugging of the well bord.  ADPPROVED  14. 1 hereby cereby that, the foregoing is trayed and or beginned to the set long.  Advanced by Advanced				
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SEC 15 T16S R30E  12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  TYPE OF SUBMISSION  TYPE OF ACTION    Notice of Intent	Olog:Atteno			
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TYPE OF SUBMISSION    Notice of Intent	SEC 1	5 T18S R30E		EDDY
Notice of Intent	12.	CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, RE	PORT, OR OTHER DATA
Recompletion   New Construction   New Construction   Non-Routine Fracturing   Casing Repair   Water Stut-Off   Casing Repair   Water Stut-Off   Conversion to Injection   Dispose Water   Conversion to Injection   Conver		TYPE OF SUBMISSION	ION	
Recompletion   New Construction   New Construction   Non-Routine Fracturing   Casing Repair   Water Stut-Off   Casing Repair   Water Stut-Off   Conversion to Injection   Dispose Water   Conversion to Injection   Conver		Notice of Intent	Abandonment	Change of Plans
Casing Repair Altering Casing Other PLUG & ABANDON Dispose Water Conversion to Injection Conversion to Injection Dispose Water Chelle Report results of multiple complete Consideration and measured and true vertical depths for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical depths for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical depths for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical depths for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical depths for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical depth for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical depth for all markers and zones pertinent dates, including estimated date of starting sny proposed work. If well is direction give suburiface to Recompliate to that work. In the work of the well both for a pertinent date, including estimated date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical date of starting sny proposed work. If well is direction give suburiface locations and measured and true vertical date of the lateritor of the suburiface pertinent dates in place t	e <sup>n</sup>	_	Recompletion	[-]
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Dispose Water   Note: Report results of multiple completed   Dispose Water   Note: Report results of multiple completed				
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Signed OWNER Date 3/7/05  (This space for Federal or State office use)  Approved by	14. 1 here	by certify that the foregoing is true and correct	NAME .	
(This space for Federal or State office use)  Approved by  Date	Signe	( The Title		
Approved by Title Date		space for Federal or State office use)	160	
Conditions of approval, if any:	Appro	oved by	Title	Date
	Condi	tions of approval, if any:		