

## NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

## **BILL RICHARDSON**

Governor Joanna Prukop Cabinet Secretary OK to release

APR 19 2006

Lori Wrotenbery
Director
Oil Conservation Division

RECEIVED

APR 1 3 2006

OCD-ARTESIA

23 October 2003 ASPU

C. E. Larue & B.M. Muncy Jr.

P. O. Box 1370

Artesia New Mexico 88211-1370

Form C-103 Report of Plugging for your Gates State #2 H-36-17-27 API 30-015-00647 Cannot be approved until an NMOCD representative has made an inspection of the location and found it to be cleared to comply with OCD rules and regulations. Please check each item in the space provided to indicate that the work has been accomplished and the location is ready for final inspection.

Ø	1.	All	pits	have	been	filled	and	leveled
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2. Rat hole and cellar have been filled and leveled.

3. A steel marker 4" in diameter and approximately 4' above mean ground level has been set in concrete to mark the exact location of the plugged well. (Marker must have operator name, lease name, well number and location including quarter/quarter section or unit letter, section, township, range and API well ID number permanently welded, stamped or otherwise engraved into the metal marker.)

4. The location has been leveled as nearly as possible to original top ground contour and has been cleared of all junk and equipment.

5. The dead men and tie downs have been cut and removed.

6. If a one well lease or last remaining well on lease, the battery and burn pit locations have been leveled and cleared of all junk & equipment.

7. All environmental concerns have been addressed as per OCD guidelines.

The above are minimum requirements and no plugging bond will be cancelled until all locations for plugged and abandoned wells have been inspected and Form C-103 approved.

When all of the work outlined above has been done, please notify this office by completing, signing and returning this letter to us so that our representative will not have to make more than one trip to the location.

I certify that the above work has been done and the above-mentioned lease is ready for OCD inspection and approval.

Van Barton Field Rep. II

(1) Owner

Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	May 27, 2004
1625 N. French Dr., Hobbs, NM 88240	•	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-015-00647
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	The Board Hame of Chief Agreement Hame
	CATION FOR PERMIT" (FORM C-101) FOR SUCH	Gates gxite
PROPOSALS.)	Con W. H. C. Others	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	
2. Name of Operator	FNC. PECEIVE	9. OGRID Number
3. Address of Operator	FNC. PECETONS	10. Pool name or Wildcat
1 A .	APR LICE	10. Pool name or wildcar
PO BOX 267	4 170665	Empire vales Seven River
4. Well Location	1700 feet from the Ine and Township 175 Range 276	
Unit Letter:	1700 feet from the V line and	990 feet from the E line
Section 36	Township 175 Range 2.78	NMPM County Edd V
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
	3630	A Charles on the Charles of the Char
Pit or Below-grade Tank Application 🔲		
Pit type Depth to Groundw	vater Distance from nearest fresh water well	Distance from nearest surface water
	<del></del>	
Pit Liner Thickness: mil		Construction Material
12. Check	Appropriate Box to Indicate Nature of Notice	ce, Report or Other Data
		UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		<del>_</del>
TEMPORARILY ABANDON	CHANGE PLANS	DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	ENT JOB
	_	·
OTHER:	OTHER:	
13. Describe proposed or comp	pleted operations. (Clearly state all pertinent details,	, and give pertinent dates, including estimated date
	ork). SEE RULE 1103. For Multiple Completions:	Attach wellbore diagram of proposed completion
or recompletion.		
<b>\</b>	,	
dead men	1	
dead men	cut location	Change and
, ·		- rear
marker	(a, b)	
/// W/ // W/	inflace	
	<b>,</b>	
	Accepted for record - NMOC	an a
	· NMO	,-
	and for recur	
	Vocahain	
I hereby certify that the information	above is true and complete to the best of my knowled	edge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or	closed according to NMOCD guidelines [], a general permit	t 🗀 or an (attached) alternative OCD-approved plan 🗋.
SIGNATURE / Xy	hu / TITLE CO DW	MOV DATE 04-13-06
DIGITAL DICE	THE CO OW	DATE 09-15-06
Type or print name		
For State Use Only	F-mail addrage	Talanhana Na
	E-mail address:	Telephone No.
For State Use Only	E-mail address:	Telephone No.
APPROVED BY:	E-mail address:	Telephone No. DATE

Submit 3 Copies		State of Ne	Form C-103	
	Ene	rgy, Minerals and Nati	ral Resources Department	Revised 1-1-89
to Appropriate District Office  DISTRICT I P.O. Box 1980, Hobbs OM 8  DISTRICT II P.O. Drawer DD, Artesia, NM	22232425	X CONICEDIA	TION DIVISION	
P.O. Box 1980, Hobbit ONM 8	1824Q	WELL API NO.		
DISTRICT II	<b>T</b>	3001500647		
	11/11	5. Indicate Type of Lease  STATE X FEE		
DISTRICT III 1000 Rio Brazos Rd., Azzec, N	RECEIVED ARTESIA	6. State Oil & Gas Lease No.		
SHNE	RY NOTICES	AND REPORTS ON	WELLS	
( DO NOT USE THIS FOR	M FOR PROPOSI		EPEN OR PLUG BACK TO A DR PERMIT	7. Lease Name or Unit Agreement Name
1. Type of Well:			<u>·                                      </u>	
WELL X	WELL	OTHER		GATES STATE
2. Name of Operator			<del></del>	8. Well No.
C E LaRUE & B N	MUNCY JR.			#2
3. Address of Operator				9. Pool name or Wildcat
P O BOX 1370  4. Well Location	ARTESIA,	NM 88211-1370		EMPIRE YATES SEVEN RIVERS
Unit Letter H	: <u>1700</u>	eet From The N	Line and990	Feet From The E Line
Section 36		Cownship 17S	Range 27E	NMPM EDDY County
			thether DF, RKB, RT, GR, etc.)	WILL COUNTY
11.	Check Appr	opriate Box to Indi	cate Nature of Notice, R	leport, or Other Data
NOTICE	OF INTEN	TION TO:	SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WOF	RK 🗌	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING			CASING TEST AND C	
OTHER:			OTHER:	Г
<ol> <li>Describe Proposed or Con work) SEE RULE 1103.</li> </ol>	pleted Operations (	Clearly state all pertinent de	tails, and give pertinent dates, incl	iding estimated date of starting any proposed
WITH AN A 10 MORE Y	DDITIONAL	10 YARDS. SHUT MENT. POURED 3		ASING w/6 YARDS CEMENT. FILLED ENT @230'. FILLED CASING WITH HOLE TO SURFACE.
Thombs and for the time of	·	malata to the heat of multi-	dan and ball of	
I hereby certify that the informati	AL SOOVE IS GUESTING CO	abbiene to me pear of my knowle	पहुट ब्राव छट्यादा,	
SKINATURE	6 Kw		TITLEOWNER	DATE 10/21/03
TYPE OR PRINT NAME	C E LaRUE			TELEPHONE NO.
(This space for State Use)	U.			APR 2 4 2006

- DATE -

APPROVED BY-

CONDITIONS OF APPROVAL, IF ANY: