

Submit 3 Copies
to Appropriate
District Office

State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

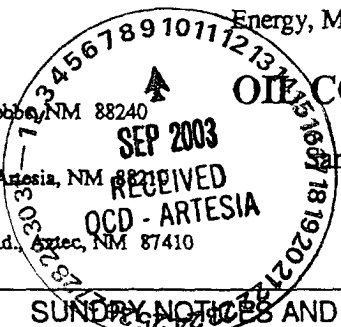
DISTRICT II
P.O. Drawer DD, Artesia, NM 88211

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088



WELL API NO.

30-015-04515

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

NM27277

7. Lease Name or Unit Agreement Name

GATES FEDERAL

8. Well No.

2

9. Pool name or Wildcat

LEO QUEEN GRAYBURG

SUNDAY 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.)

1. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER

2. Name of Operator

C E LaRUE & B N MUNCY

3. Address of Operator

P O BOX 1370 ARTESIA, NM 88211-1370

4. Well Location

Unit Letter : 1650' Feet From The S Line and 2310' Feet From The W Line

Section 15

Township 18S

Range 30E

NMPM

EDDY

County

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

11.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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.

TRIED TO CLEAN UP HOLE FROM SURFACE TO TD. WE CAN'T GET BELOW 3157'. WE PROPOSE
TO SET CEMENT PLUGS @: 3100' - 3157'

1650' - 1750'

450' - 550'

20' TOP PLUG

SET DRY HOLE MARKER. CLEAN LOCATION.

This is a Federal oil well and the
P&A procedure must be approved
by the B.L.M.

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

SIGNATURE

TITLE

DATE

9/8/03

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: