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U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form C-103  
Supersedes Old  
C-102 and C-101  
Effective 1-1-65

NEW M **ILLEGIBLE** ON

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
B 67625

**SUNDRY NOTICES AND REPORTS ON WELLS**  
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR TO PLUG A WELL TO A DIFFERENT RESERVOIR.  
(SEE APPLICATION FOR PERMIT TO DRILL, C-101, FOR SUCH PROPOSALS.)

1. OIL WELL  GAS WELL  OTHER  WATER INJECTION WELL

7. Unit Agreement Name  
Pecos & ...

2. Name of Operator  
C.E. LaRue & B.N. Muncy Jr.

6. Part of Lease Name  
ACT II

3. Address of Operator  
P.O. Box 196 Artesia, New Mexico 88210

9. Well No.  
1

4. Location of Well  
UNIT LETTER I 1200 FEET FROM THE ... LINE AND ... FEET FROM

10. Field and Pool, or valid out  
Pecos & ...

THE EAST LINE, SECTION 32 TOWNSHIP 17 S RANGE 32 E NMPM.

12. County  
LIN

15. Elevation (Show whether DF, RT, GR, etc.)

16. 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 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER casing leak survey plumbing <input checked="" type="checkbox"/>

17. 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.

Installed necessary plumbing for casing leak survey.

Two inch was plumbed to surface with a braiding head connection consisting of a 2000# valve. At of above surface, a one inch swage was connected to a one inch 2000# valve.

Inspected and approved by Hoobs 2-22-79.

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

SIGNED Jerry Sexton TITLE overseer DATE 2-23-79

APPROVED BY Jerry Sexton TITLE Dist. 1. Supv. DATE FEB 26 1979

CONDITIONS OF APPROVAL, IF ANY