

INMOCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instruction
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 8363
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 196, Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FWL, Section 15, T-14-S, R-28-E		8. FARM OR LEASE NAME Hanlad Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3581.6 GL		10. FIELD AND POOL, OR WILDCAT Sams Ranch
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T-14-S, R-28-E
		12. COUNTY OR PARISH Chaves
		13. STATE N.M.

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) <u>Casing & Cement</u>	

(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.)*

Spudded wall and set 236' of 8-5/8" casing, circulated cement with 100 sacks, 10/20/77. Waited 12 hours on cement, drilled to 1730' and set 5-1/2" casing with 300 sacks circulated 10/24/77.

RECEIVED

OCT 28 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operator DATE 10/26/77
(This space for Federal or State office use)
APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE OCT 28 1977
CONDITIONS OF APPROVAL, IF ANY: