

**N.M.O.C.D. COPY**  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.

NM 0558973

**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.)

**RECEIVED**

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.		3. ADDRESS OF OPERATOR P. O. Box 196 - Artesia, New Mexico		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FSL and 1980' FWL Section 20, T14S, R28E		5. LEASE DESIGNATION AND SERIAL NO. NM 0558973		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3534.5 GL		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Lillie Fed		9. WELL NO. 5		10. FIELD AND POOL, OR WILDCAT Wildcat-San Andres	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 20 T14S, R28E		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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Temporary Abandonment	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>			(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.)\*

Pits Have been filled and location cleaned. Propose to cap 4 1/2" oil string and hold for further tests or possible water injection well as further drilling is planned in the area.

**RECEIVED**

**MAR 25 1980**

**U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO**

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

SIGNED

*[Signature]*

TITLE

Operator

DATE

3/24/80

(This space for Federal or State office use)

(Orig. Sgd.) GEORGE H. STEWART

ACTING DISTRICT ENGINEER

APPROVED BY

TITLE

DATE

MAR 26 1980

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL 1, 1981.

\*See Instructions on Reverse Side