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APPROVED BY---

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energ, Ainerals and Natural Resources Department

Form C-103
Revised 1-1-89

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Revised 1-1-89

<u>DIS IRICT I</u> P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA P.O. Bo		WELL API NO.		
DISTRICT II	Santa Fe, New Me		30-005-60624		
P.O. Drawer DD, Artesia, NM 88210  DISTRICT III			5. Indicate Type of Lease STATE	FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.		
( DO NOT USE THIS FORM FOR PR DIFFERENT RESE	TICES AND REPORTS ON OPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION FOR SUCH PROPOSALS	EPEN OR PLUG BACK TO A DR PERMIT	7. Lease Name or Unit Agreement Name	<i>[[]]</i>	
1. Type of Well: OIL GAS WELL X WELL	OTHER		SIDNEY		
<ol> <li>Name of Operator</li> <li>C.E. LARUE &amp; B.N</li> </ol>	T MINICY .TD		8. Well No.		
3. Address of Operator	v. Holici / Ok.		9. Pool name or Wildcat		
PO BOX 1370 ART	resia, nm 88211-137	'0	WILDCAT (SAN ANDRES	5)	
	330 Feet From The SOUT	H Line and 231	O Feet From The WEST	Line	
Section 24	Township 8S	Range 28E	NMPM CHAVES		
Section 2.1	Tennany	whether DF, RKB, RT, GR, etc.)	NMPM SILL SILL SILL SILL SILL SILL SILL SIL	County	
//////////////////////////////////////	Appropriate Box to Indi	cate Nature of Notice R	Penort or Other Data		
NOTICE OF IN	- <del>-</del> -		SSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	а П	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLIN	G OPNS. PLUG AND ABAND	ONMENT	
PULL OR ALTER CASING		CASING TEST AND C			
OTHER:		OTHER:	· · · · · · · · · · · · · · · · · · ·		
12 Describe Proposed or Completed One	rations (Clearly state all pertinent d	etails, and sive pertinent dates incl	uding estimated date of starting any proposed	<u> </u>	
work) SEE RULE 1103.	,	,,,,,		-	
PULLED 143' CAS: THE FOLLOWING C		TEMPT TO GET BACK I	TO THE TOP OF THE CASIN	NG AND SET	
2) 50 SACKS PL	UG 2600' TO 2500'; 1 UG 193' TO 43'; SQUI UG AT SURFACE		JAN 9 195		
MUD BETWEEN ALL	PLUGS. INSTALL DRY	Y HOLE MARKER	ese de la companya de		
I hereby certify that the information above is	true and complete to the best of my know				
SIGNATURE	the	TITLE OPERATOR	DATE	-5 <b>-</b> 95	
TYPEORPRINTNAME C.E. LAR	UE	and the second s	TELEPHONE NO.		
(This space for State Use)			<b>₽.a.s.</b> .		
CURERIA	COD DIOTRIOT H		JAN 1	0 1995	