

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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. 30-005-60641
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name EDDIE
8. Well No. 1
9. Pool name or Wildcat WILDCAT (SAN ANDRES)

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	
2. Name of Operator C.E. LARUE & B.N. MUNCY, JR.	
3. Address of Operator PO BOX 1370 ARTESIA, NM 88211-1370	
4. Well Location Unit Letter L : 2310 Feet From The SOUTH Line and 330 Feet From The WEST Line Section 29 Township 7S Range 29E NMPM CHAVES 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:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

PULLED 299' CASING. PROPOSE TO ATTEMPT TO GET BACK IN TO THE TOP OF THE CASING AND SET THE FOLLOWING CEMENT PLUGS:

- 1) 25 SACKS PLUG 2600' TO 2500'; TAG
- 2) 50 SACKS PLUG 350' TO 200'; TAG
BRADENHEAD SQUEEZE 20 SACKS.
- 3) 10 SACKS PLUG AT SURFACE

MUD BETWEEN PLUGS. INSTALL DRY HOLE MARKER.

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

SIGNATURE C.E. Larue TITLE OPERATOR DATE 1-5-95
TYPE OR PRINT NAME C.E. LARUE TELEPHONE NO. 505-746-6651

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE JAN 10 1995
CONDITIONS OF APPROVAL, IF ANY: