

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 AND B.N. MUNCY, JR.
3. Address of Operator PO BOX 1370 ARTESIA, NM 88211-1370	4. Well Location Unit Letter <u>L</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>330</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>7S</u> Range <u>29E</u> NMFM 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"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <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.	

AT 2600' SET 25 SX PORTLAND CEMENT PLUG. TAGGED AT 2327'.  
AT 350' SET 50 SX PORTLAND CEMENT PLUG W/2% CaCl. TAGGED AT 189'.  
AT 30' SET 10 SX PORTLAND CEMENT PLUG. CIRCULATED CEMENT. SET DRY HOLE MARKER.  
CUT OFF DEAD MEN. CLEANED LOCATION AND MOVED OFF LOCATION.

RECEIVED

MAR 28 1995

OIL CON. DIV.

DIST. 2

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

SIGNATURE C.E. Larue TITLE OWNER DATE 3-27-95

TYPE OR PRINT NAME TELEPHONE NO.

(This space for State Use)

APPROVED BY Ken Livingston TITLE Field Rep 1 DATE 3-15

CONDITIONS OF APPROVAL, IF ANY: