

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. 30-005-60711
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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	7. Lease Name or Unit Agreement Name SIDNEY
2. Name of Operator C.E. LARUE & B.N. MUNCY, JR.	8. Well No. 2
3. Address of Operator PO BOX 1370 ARTESIA, NM 88211-1370	9. Pool name or Wildcat WILDCAT (SAN ANDRES)
4. Well Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>NORTH</u> Line and <u>2310</u> Feet From The <u>WEST</u> Line Section <u>24</u> Township <u>8S</u> Range <u>28E</u> NMPM <u>CHAVES</u> 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.

ATTEMPT TO PULL CASING AS DEEP AS POSSIBLE AND SET THE FOLLOWING CEMENT PLUGS:

- 1) 25 SACKS PLUG AT @ 2050'; TAG
- 2) 35 SACKS PLUG ACROSS STUB; TAG
- 3) 35 SACKS PLUG IN AND OUT OF SURFACE SHOE. *THG*
- 4) 10 SACKS PLUG AT SURFACE.

MUD BETWEEN ALL PLUGS. INSTALL DRY HOLE MARKER

JAN 9 '95

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)

SUPERVISOR, DISTRICT II

JAN 10 1995

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: