Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Jainerals and Natural Resources Department

Form	C-103	
Revis	ed 1-1-89	

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

OIL CONSERVATION DIVISION

WELL API NO.

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

30-005-60839

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

5. Indicate Type of Lease

STATEXX FEE

DISTRICT III		
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No. L5254	
SUNDRY NOTICES AND REPORTS ON WEL		
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN DIFFERENT RESERVOIR. USE "APPLICATION FOR PER (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name	
1. Type of Well: OIL GAS WELL X WELL OTHER	STATE D	
2. Name of Operator C.E. LARUE & B.N. MUNCY, JR.		8. Weil No.
3. Address of Operator	9. Pool name or Wildcat	
PO BOX 1370 ARTESIA, NM 88211-1370)	WILDCAT (SAN ANDRES)
Unit Letter I : 1980 Feet From The SOUTH	Line and 660	Feet From The EAST Line
Section 2 Township 8S Ra	_{nge} 27E _N	MPM CHAVES County
10. Elevation (Show whether		
11. Check Appropriate Box to Indicate N	Nature of Notice, Re	port, or Other Data
NOTICE OF INTENTION TO:		EQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEN	MENT JOB
OTHER:	OTHER:	
 Describe Proposed or Completed Operations (Clearly state all pertinent details, ar work) SEE RULE 1103. 	nd give pertinent dates, includi	ng estimated date of starting any proposed
ATTEMPT TO PULL CASING AS DEEP AS POSSI	BLE. PROPOSE TO	SET THE FOLLOWING CEMENT PLUGS:
1) BP + 35' CEMENT OR 25 SACKS PLUG AT 2) 35 SACKS PLUG AT STUB; TAG 3) 35 SACKS PLUG AT 355' TO 255; TAG	' @ 1280'-1180';	JAN 9'95
4) 10 SACKS PLUG AT SURFACE.		ARTESIA, GENCE
MUD BETWEEN ALL PLUGS. INSTALL DRY HOL	E MARKER.	
- Comment of the state of the s	<i>ي</i> .	
I hereby certify that the information above is true and complete to the best of my knowledge and		1/5/95
SIGNATURE TT	OPERATOR	DATE

(This space for State Use)

TYPE OR PRINT NAME

APPROVED BY -

SUPERVISOR, DISTRICT II

LARUE

JAN 1 0 1995

TELEPHONE NO 505-746-6651

CONDITIONS OF APPROVAL, IF ANY: