Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

88240

Santa Fe, New Mexico 87504-2088

WELL API NO. 30-005-6

30-00)5–60839	
		-

5. Indicate Type of Lease

STATE X FEE

DISTRICT III	O THE CO				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. L5254				
SUNDRY NOTICES AND REPORTS ON WELLS					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	K TO A 7. Lease Name or Unit Agreement Name				
1. Type of Well:					
OIL X GAS WELL OTHER	STATE D				
2. Name of Operator C.E. LARUE AND B.N. MUNCY, JR.	8. Well No. 1				
3. Address of Operator	9. Pool name or Wildcat				
PO BOX 1370 ARTESIA, NM 88211-1370	WILDCAT (SAN ANDRES)				
4. Well Location					
Unit Letter I: 1980 Feet From The SOUTH Line and	660 Feet From The EAST Line				
Section 2 Township 8S Range 27E	NMPM CHAVES County				
10. Elevation (Show whether DF, RKB, RT, GR, etc.					
	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>				
11. Check Appropriate Box to Indicate Nature of Notice	e Report or Other Data				
	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	K ALTERING CASING				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	ILLING OPNS. PLUG AND ABANDONMENT				
PULL OR ALTER CASING CASING TEST A	ND CEMENT JOB				
OTHER: OTHER:	· · · · · · · · · · · · · · · · · · ·				
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates work) SEE RULE 1103. TAGGED AT 780'. GOT VERBAL APPROVAL TO SET 60 SX C. CEMENT. SET DRY HOLE MARKER. CUT OFF DEAD MEN. FILLED AND LEVELED PITS.					
CLEANED LOCATION AND MOVED OFF LOCATION.					
Post I 10 4 - 7 - Port	0-2 OIL COM. DIV. 95 DIST. 2				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIONATURE OWNER	DATE 3-27-95				
TYPE OR PRINT NAME	TELEPHONE NO.				
(This space for State Use)					
APPROVED BY Kan 2 inighton TITLE Field	Rep 1 DATE 6-6-95				

CONDITIONS OF APPROVAL, IF ANY:

Calculation Rec 1

SUBJECT - O	Ken				12-10.	-95 1 OF
C.E. Lakue & D.N. Muncy, JK			e	0 #1		
10	30'	60 .	5 X	Circ Perfs CIBP	. 5 s	8-27