

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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-005-60840
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	HANAGAN
8. Well No.	1
9. Pool name or Wildcat	WILDCAT (SAN ANDRES)
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

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 <u>D</u> : <u>660'</u> Feet From The <u>NORTH</u> Line and <u>660'</u> Feet From The <u>WEST</u> Line Section <u>11</u> Township <u>8S</u> Range <u>27E</u> NMPM CHAVES County	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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 615' CASING. PROPOSE TO ATTEMPT TO GET BACK IN THE TOP OF THE CASING & SET THE FOLLOWING CEMENT PLUGS:

- 1) 25 SACKS PLUG AT 2045'; TAG
- 2) 35 SACKS PLUG AT STUB 665' TO 565'; TAG
- 3) 35 SACKS PLUG AT 378' TO 278'; TAG
- 4) 10 SACKS PLUG AT SURFACE.

MUD BETWEEN ALL PLUGS. INSTALL DRY HOLE MARKER.

JAN 9 '95

O. C. D.
ARTESIA OFFICE

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

APPROVED BY _____ TITLE _____ DATE JAN 10 1995

CONDITIONS OF APPROVAL, IF ANY: