

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
1980, Hobbs, NM 88240
O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

| | |
|--|--|
| WELL API NO. | 30-015-02818 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | E-785 |
| 7. Lease Name or Unit Agreement Name | LEONARD |
| 8. Well No. | 1 |
| 9. Pool name or Wildcat | GRAYBURG PREMIER SAND |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) | 3692 DF |

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION | 2. Name of Operator C.E. LARUE |
| 3. Address of Operator PO BOX 1370 ARTESIA, NM 88211-1370 | 4. Well Location Unit Letter F : 1980 Feet From The WEST Line and 1980 Feet From The NORTH Line Section 36 Township 16S Range 29E NMPM EDDY County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3692 DF | |

| | |
|---|---|
| 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 checked="" 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.

PULLED PACKER AND REPLACED BAD TUBING. CLEANED OUT AND REPLACED PACKER. SET PACKER.
WILL NOTIFY PRIOR TO TESTING, AFTER ALL WELLS ARE REPAIRED.

RECEIVED

AUG 14 1997

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 OPERATOR DATE 8/13/97
TYPE OR PRINT NAME C.E. LARUE TELEPHONE NO. 505-746-2401

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____ TITLE _____ DATE AUG 18 1997

CONDITIONS OF APPROVAL, IF ANY: