

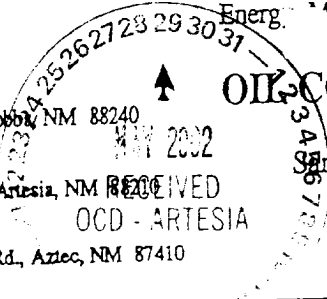
Submit Copies
to Appropriate
District Office

Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88200

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.
30-015-02818

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
E-785

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.)

7. Lease Name or Unit Agreement Name

LEONARD STATE

1. Type of Well:
OIL WELL GAS WELL OTHER INJECTION

2. Name of Operator
C E LaRUE & B N MUNCY JR.

8. Well No.
1

3. Address of Operator
P O BOX 1370 ARTESIA, NM 88211-1370

9. Pool name or Wildcat
SQUARE LAKE GRAYBURG SAN ANDRES

4. Well Location
Unit Letter F : 1980 Feet From The W Line and 1980 Feet From The N 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <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.

HAD HOLE IN CASING. BACKED OFF 5 JTS OF CASING, REPLACED WITH NEW CASING. NIPPLED UP, RAN TUBING AND PACKER IN HOLE. SET PACKER AND TESTED. TESTED OK WITH CHART AND WITNESSED BY OCD. PUT BACK ON INJECTION 5/22/02.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE OWNER DATE 5/28/02

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY _____ TITLE [Signature] DATE MAY 31 2002

CONDITIONS OF APPROVAL, IF ANY: [Signature]

LARUE & Murrey
Leonard #1
30-015-02818
Witnessed by Mike Bratcher NMOCS
OK Mike Bratcher

