Submit 3 Copies to Appropriate District Office

State of New Mexico Minerals and Natural Resources Department Ene.

Form C-103

Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	P.O. Box 2088	WELL API NO. 30–015–02817
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	5. Indicate Type of Lease
DISTRICT III		STATE X FEE
1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-785	
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOI	S AND REPORTS ON WELLS BALS TO DRILL OR TO DEEPEN OR PLUG BACK R. USE "APPLICATION FOR PERMIT" FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well: OIL GAS WELL WELL	OTHER INJECTION	HOLLIS
2. Name of Operator C E LaRUE & B.N. MUNCY J	rR.	8. Well No.
<u> </u>	A, NM 88211-1370	9. Pool name or Wildcat SQ. LAKE GRAYBURG SA
4. Well Location Unit LetterL :660	Feet From The W Line and	
36	Township 16S Range 29E	NMPM EDDY
	10. Elevation (Show whether DF, RKB, RT, GR, 3675' DF	etc.) County
11. Check App.	ropriate Box to Indicate Nature of No	
NOTICE OF INTEN	<u></u>	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WO	
PULL OR ALTER CASING		PRILLING OPNS. PLUG AND ABANDONMENT
OTHER:	<u> </u>	AND CEMENT JOB
12. Describe Proposed or Completed Operations (work) SEE RULE 1103.	Clearly state all pertinent details, and give pertinent da	
WORK SEE ROLE 1103.	,) (
NOT INJECTING WATER	AT THIS TIME. BUT IS CAPABLE	OF INJECTING
		6 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
FAIL	ED 1/28/00 MI REPAIRED A	
10 0	- REPAIRED A	5 OCHECEIVED ARTESIA
TO	DATE	ARTESIA SI
	1/24/01	Comments.
	, , , ,	\$ 5.07.02 V
I hereby certify that the information above is true and do	emplete to the best of my knowledge and belief.	
SIONATURE (TITLE OWNER	DATE
TYPE OR PRINT NAME		TELEPHONE NO.
(This space for State Use)		
APPROVED B I	mre	DATE
CONDITIONS OF APPROVAL, IF ANY:	, ~	