

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  
  
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. 30-015-02828
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. 785
6. Lease Name or Unit Agreement Name LEONARD STATE
8. Well No. 6
9. Pool name or Wildcat SQUARE LAKE GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3700 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 & B N MUNCY JR.
3. Address of Operator P O BOX 1370 ARTESIA, NM 88211-1370
4. Well Location Unit Letter P : 660 Feet From The E Line and 660 Feet From The S Line Section 36 Township 16S Range 29E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3700 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.

PUT BACK ON INJECTION. REPAIRED INJECTION LINE. TESTED 3/14/02 WITH CHART AND WITNESSED. INJECTING APPROXIMATELY 25 BBLs OF WATER PER DAY. PRESSURE IS 1600 psi.

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

SIGNATURE [Signature] TITLE OWNER DATE 3/15/02

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

APPROVED BY [Signature] TITLE Wild Dog ID DATE MAR 19 2002

CONDITIONS OF APPROVAL, IF ANY: