

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 208819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576777879808182838485868788899091929394959697989900
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-015-03958-3952
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. NM04393
7. Lease Name or Unit Agreement Name DEKALB FEDERAL
8. Well No. 3
9. Pool name or Wildcat SQUARE LAKE GRAYBURG SAN ANDRES
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3799 GR

SUNDRY NOTICES AND REPORTS OF WELL OWNERS
(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 J : 1980 Feet From The E Line and 1980 Feet From The S Line Section 31 Township 16S Range 30E NMPM EDDY County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3799 GR

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 WELL BACK TO INJECTING 2/18/02. TESTED ON CHART 3/14/02. INJECTED APPROXIMATELY 20 BARRELS PER DAY. PRESSURE IS 1400 psi.

Well failed MIT test. It must be shut in immediately and the well brought into physical compliance.

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

SIGNATURE	TITLE	OWNER	DATE
			3/14/02
TYPE OR PRINT NAME	TELEPHONE NO.		

(This space for State Use)

APPROVED BY	TITLE	DATE
Denied	Wild Dog ID	MAR 19 2002
CONDITIONS OF APPROVAL, IF ANY:		