

015F  
bp

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.<br>30-015- <del>03958</del> 03952                                                      |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>NM04393                                                             |
| 7. Lease Name or Unit Agreement Name<br>DEKALB FEDERAL                                              |
| 8. Well No.<br>3                                                                                    |
| 9. Pool name or Wildcat<br>SQUARE LAKE GRAYBURG SAN ANDRES                                          |

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.)  
RECEIVED  
OCD - ARTESIA

|                                                                                                                        |                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well:<br>OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 2. Name of Operator<br>C E LaRUE & B N MUNCY JR.                                                                                                                                                                 |
| 3. Address of Operator<br>P O BOX 1370 ARTESIA, NM 88211-1370                                                          | 4. Well Location<br>Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>E</u> Line and <u>1980</u> Feet From The <u>S</u> Line<br>Section <u>31</u> Township <u>16S</u> Range <u>30E</u> NMPM <u>EDDY</u> County |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.)<br>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.

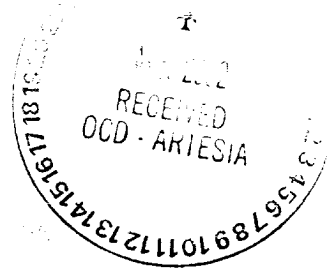
CHANGED PACKER, TESTED WELL @ 300 psi/15 MIN. PUT WELL BACK TO INJECTING  
4/25/02. WITNESSED BY OCD. SEE ATTACHED CHART.

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

|                                     |                                   |                     |
|-------------------------------------|-----------------------------------|---------------------|
| SIGNATURE <u>C E LaRUE</u>          | TITLE <u>OWNER</u>                | DATE <u>4/25/02</u> |
| TYPE OR PRINT NAME <u>C E LaRUE</u> | TELEPHONE NO. <u>505-255-1234</u> |                     |

(This space for State Use)

|                                 |                          |                        |
|---------------------------------|--------------------------|------------------------|
| APPROVED BY <u>[Signature]</u>  | TITLE <u>Wild Sep ID</u> | DATE <u>MAY 1 2002</u> |
| CONDITIONS OF APPROVAL, IF ANY: |                          |                        |



7

LARRY & MURRAY  
DeKalb Fed #3  
30-065-03952  
300 PSI hold for 15 min.  
Witnessed by Mike Butler  
with Report