

NMOCC COPY,  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPlicate\*  
(Other instructions  
reverse side)Copy to SE  
Form approved.  
Budget Bureau No. 42-R1424.

## 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—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well		5. LEASE DESIGNATION AND SERIAL NO. NM 08529	
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 196, Artesia, New Mexico 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also page 17 below.) At surface 660' FWL and 1980' FSL Section 31, T16S, R30E		8. FARM OR LEASE NAME Etz Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3712 DF		10. FIELD AND POOL, OR WILDCAT Square Lake	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 31, T16S, R30E	
		12. COUNTY OR PARISH Eddy	13. STATE NM

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Return to Injection</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is rectionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

2" tubing with Baker tension packer set at 2655'. Well tested with no packer leaks and returned to injection.

RECEIVED

MAY 23 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Operator DATE 5/20/77

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE ACTING DISTRICT ENGINEER DATE MAY 24 1977  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side