| | N. | M. Q. C. E. | Section | 1 Township | Hange |
|---|------------------|---------------------------------------|--|---------------------------------|-------------|
| CEO | | C. E. | 7. 31 | |] |
| | CAL SURVEY | | 10 1 L | 16S Location of Well | 30E |
| WELL STA | TUS RE | PORT | 16 CF | | • |
| /m. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | O feet from | South Ine |
| (To be submitted in quintu | plicate on all | inactive wells | <u>) </u> | _ | |
| C. E. LaRue and B. N. Muncy, Jr | · | | 66 Pool | U feet from | West Ine |
| P. O. Box 196, Artesia, New Mex | ico 88210 | | I | uare Lake ((| G.SA) |
| Etz Federal #2 | | LEASE NO. | COUNTY | | STATE |
| | - | NM 08529 | Ed | dy | N. M. |
| | 9 | - '' | Ä | > ~ | |
| Now on Production. Has not be | en shut in• | | 975 | RECEIVE | <u> </u> |
| 2. Type Well | | 73 T 1 | 20 | 307 2 7 | <u>-U</u> |
| Oil Well Gas Wel | 1 | . 570 MA 128 | FLORE U.S. GA | 0/01 21 1976 | |
| Odo wei | I remp. | Abd. Well | ARTES, | A. NEW SUBIL | 6 |
| 3. Producing Capability | | | | OLOGICAL SURV. A. NEW MEXIGO | <u> </u> |
| BOPD | Me | CFGPD | · | | |
| BWPD | Da | ate Last Teste | A | | |
| | | | | | |
| 4. Is Well Considered Capable of | Production in Pa | aying Quantiti | | | |
| | | | Yes | L No | ı |
| 5. If Capable of Producing in Pay | ing Quantities, | Give Reasons | For Not Produc | ing Well. | |
| | | | | C | |
| * | | | | | |
| • | | • | | | |
| | | | | | |
| | · | | * . | | |
| 6. If Not Capable of Producing in | Paying Quantiti | les, Give Reas | ons For Not Pl | ugging Well | |
| At This Time. | | | | | |
| | | | | | |
| | | , | | | |
| | | • | | | |
| | <u> </u> | | | . • | |
| 7. What Are Future Plans For Opera | ting Well (Incl | ude Estimated | Dates)? | | |
| | | | | | |
| | | • | | | |
| | • | | | | |
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| | | | • | | |
| I hereby certify that the foregoing is true and corre | ect | · · · · · · · · · · · · · · · · · · · | ······································ | · | |
| SIGNED July | TITLE Opera | tor | DATE | 0/20/76 | |
| (This space for Federal or State office use) | | | | | |
| APPROVED BY | TITLE | | 5 . 4 | | |
| CONDITIONS OF APPROVAL, IF ANY: | . 4 | | DATE | | |
| 1 1 Bechare | | | | | |
| 1 - 1 Belling | | | | | |