Form 3160-5 (November 1983) (Formerly 9-331) DEPARTMENT OF LAND MANAGE BUREAU OF LAND MANAGE	VIERIOR verse side)	re-	Form approved. ICM dget Bureau N Expires August 3 LEASE DESIGNATION A		
- ENTERNATION	CMCM	38210	NM08529	- STATE NO.	
SUNDRY NOTICES AND REPO (Do not use this form for proposals to drill or to deepen use "APPLICATION FOR PERMIT—" for the company of the compa		6.	IF INDIAN, ALLOTTEE	OR TRIBE NAME	
OIL GAS OTHER		7.	UNIT AGREEMENT NAM	(E	
2. NAME OF OPERATOR C.E. LARUE		8.	8. FARM OR LEASE NAME		
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470		FD	ETZ		
		9.	9. WELL NO.		
 LOCATION OF WELL (Report location clearly and in accordance See also space 17 below.) At surface 	with any State requirements.*	· .'94	O. FIELD AND POOL, OR		
660' FSL & 660' FWL		11	SOUARE LAKE GRAYBURG SA 11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA		
SECTION 31, T16S, R30E	O. C		SURVET OR AREA		
14. PERMIT NO. 15. ELEVATIONS (Show w	hether DF, RT, CR, etc.)		SEC. 31, T16	S, R30E	
API# 30-015-03956 3698 GL			EDDY	13. STATE NM	
16. Check Appropriate Box To Ind	licate Nature of Notice, Report,				
NOTICE OF INTENTION TO:	1		REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHCT-OFF		• .		
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT		REPAIRING W ALTERING CA		
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZIN	G -	ABANDONMEN		
REPAIR WELL CHANGE PLANS (Other)	(Other)			[_	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all proposed work. If well is directionally drilled, give subsurnent to this work.)	. Marpretion of R	scombistio	multiple completion on Report and Log for	m 1	
FLANGED UP WELLHEAD. RIGGED UP FOR RODS. DOWN TUBING IN HOPES OF SOAKING THE SALT PULLING UNIT GETS A NEW ENGINE INSTALLED	RAN ONLY THE RODS BACK LOOSE. WILL CONTINUE TO	K IN.	LL ON TUBING LOADED FRESH ON WELL WHEN	WATER	
WELL SHUT IN.					
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18. I hereby certify that the foregoing is true and correct					
war Incht	LEASE RECORDS		2.2	4.04	
SIGNED PHULL TIT	LE LEADE RECURDS		DATE8-2	4-94	
(This space for Federal or State office use)					
APPROTED BY	LE		DATE		
CONDITIONS OF APPROVAL, IF ANY:					