

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 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-015-03956

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.
NM08529

7. Lease Name or Unit Agreement Name
ETZ FEDERAL

8. Well No.
2

9. Pool name or Wildcat
SQUARE LAKE GRAYBURG SA

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3698

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.)

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

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 M : 660 Feet From The S Line and 660 Feet From The W Line

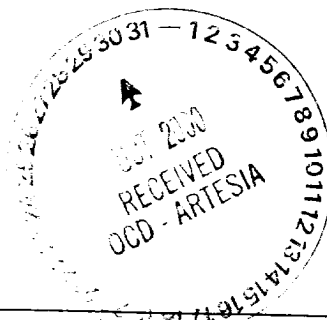
Section 31 Township 16S Range 30E NMPM EDDY County

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 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: PLAN OF OPERATIONS <input checked="" 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.

TUBING IS PARTED ON THIS WELL. PROPOSE TO FISH TUBING, CLEAN WELL BORE, RUN BACK WITH RODS AND TUBING. LAST PRODUCED 6/98. PLAN TO HAVE WELL IN COMPLIANCE BY FEBRUARY 01, 2001.



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

SIGNATURE C E LaRUE TITLE OWNER DATE 10/26/00

TYPE OR PRINT NAME C E LaRUE TELEPHONE NO. _____

(This space for State Use)

APPROVED BY Mike Sheffield TITLE Field Rep. II DATE 11/3/2000

CONDITIONS OF APPROVAL, IF ANY: