c/sF

Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)
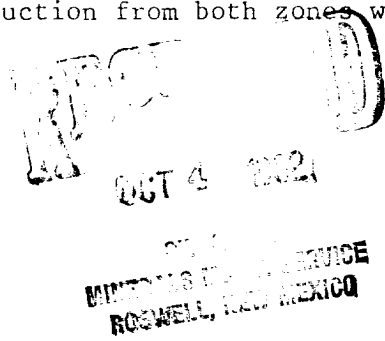
1. oil well ☒   gas well ☐   other _____

2. NAME OF OPERATOR
   C.E. LaRue & B.N. Muncy, Jr.

3. ADDRESS OF OPERATOR
   PO Box 196 Artesia, NM 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 330' FNL & 1335' FWL Section 19,
   AT SURFACE: T16S, R31E
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF   ☐   ☐
FRACTURE TREAT   ☒   ☐
SHOOT OR ACIDIZE   ☐   ☐
REPAIR WELL   ☐   ☐
PULL OR ALTER CASING   ☐   ☐
MULTIPLE COMPLETE   ☐   ☐
CHANGE ZONES   ☐   ☐
ABANDON*   ☐   ☐
(other) _____

5. LEASE
   LC 029431A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME   RECEIVED

8. FARM OR LEASE NAME
   Welch Federal   **OCT 7 1982**

9. WELL NO.
   2   O. C. D.

10. FIELD OR WILDCAT NAME ARTESIA, OFFICE
    Henshaw (Q,G,SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Section 19, T16S, R31E

12. COUNTY OR PARISH   13. STATE
    Eddy   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    3901'GL

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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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 directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to Perforate from 2438'-2458' and fracture treat the Penrose section w/ 30,000 gallons gelled water 45,000# 20-40 sand. Now producing from Lovington sand, 3239'-3252', production from both zones will be co-mingled in accordance with Pool rules.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Operator DATE September 28, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
OCT 6 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR   *See Instructions on Reverse Side