

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | RECEIVED | | 5. LEASE DESIGNATION AND SERIAL NO. LCO29431A | |
| 2. NAME OF OPERATOR C.E. LARUE & B.N. MUNCY, JR. ✓ | | JUN - 3 1992 | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-1470 | | O. C. D. OFFICE | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL AND 1335' FWL | | | | 8. FARM OR LEASE NAME WELCH FEDERAL | |
| | | | | 9. WELL NO. #2 | |
| | | | | 10. FIELD AND POOL, OR WILDCAT HENSHAW (O, G, SA) | |
| | | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19, T16S, R31E | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3901.9GL | | 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"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |

PULL OR ALTER CASING

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

PROPOSE TO WORK ON WELL. CHECK FOR DOWNHOLE PROBLEMS. IF THERE IS NOT A PROBLEM, WE WILL PUT WELL BACK ON PRODUCTION. IF THERE IS A PROBLEM WE WILL APPLY TO PLUG AND ABANDON. PROPOSED WORK WILL BEGIN @ JULY 15, 1992.

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

SIGNED

C. E. Larue

TITLE

OPERATOR

DATE

5-22-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

5-29-92

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side