

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate\*  
(Other instruct on reverse 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR C.E. LARUE & B.N. MUNCY, JR. ✓	8. FARM OR LEASE NAME WELCH FEDERAL
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470	9. WELL NO. #2
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	10. FIELD AND POOL, OR WILDCAT HENSHAW (Q,G,SA)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19, T16S, R31E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2901.9 GL	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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

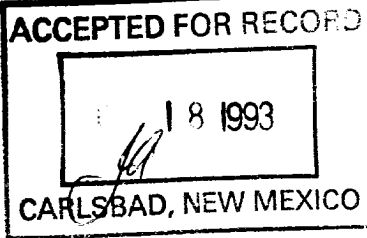
ABANDONMENT\*

(Other)

(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.)\*

OUR PULLING UNIT WILL BE GOING TO A CANTRO EXPLORATION WELL FOR PLUGGING @ OCTOBER 20, 1993. AFTER THAT WE WILL MOVE ON TO THE WELCH FEDERAL #2 TO CHECK FOR DOWNHOLE PROBLEMS. PLAN TO PUT WELL BACK ON PRODUCTION AS SOON AS PROBLEMS CAN BE CORRECTED.



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

SIGNED

TITLE OPERATOR

DATE 10-14-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side