

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CISF  
Op

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30-015-24443

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
NM16820

**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.)



7. Lease Name or Unit Agreement Name  
  
AMOCO FEDERAL

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

8. Well No.  
2

2. Name of Operator  
C E LaRUE & B.N. MUNCY, JR.

3. Address of Operator  
P O BOX 1370 ARTESIA, NM 88211-1370

9. Pool name or Wildcat  
BUNKER HILL PENROSE

4. Well Location  
Unit Letter Q : 940 Feet From The S Line and 2050 Feet From The E Line

Section 23 Township 16S Range 31E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
4217

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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: <u>PLAN OF OPERATIONS</u> <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.

THIS WELL HAS A PROBLEM WITH THE PUMP JACK. WE WILL GET THE PUMPJACK REPAIRED OR REPLACED BY DECEMBER 10, 2000.



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

SIGNATURE [Signature] TITLE OWNER DATE 10/26/00

TYPE OR PRINT NAME C E LaRUE TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Record Only TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_