

C/8/7

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 ☒ gas ☐ other ☐  
well well
2. NAME OF OPERATOR  
C. E. LaRue and B. N. Muncy, Jr.
3. ADDRESS OF OPERATOR  
P. O. Box 470, Artesia, New Mexico 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 330' FSL & 330' FEL of Sec. 10, T-16-S, R-29-E  
AT SURFACE: R-29-E  
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 <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/>            |
| (other) <input type="checkbox"/>              | <input type="checkbox"/>            |

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.)\*

Set 427' of 8 5/8" API 24# casing, cemented with 250 sacks Class C Cement w/ 2% CaCl. Circulated 35 sacks to pit. Waited 18 hours on cement, pressured up to 1500# for 30 minutes with no leakage, May 20, 1984..

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED [Signature] TITLE Operator DATE May 22, 1984

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

JUN 1 1984

\*See Instructions on Reverse Side

NEW MEXICO

5. LEASE  
NM36494
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
YATES FEDERAL
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
High Lonesome Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 10, T-16-S, R-29-E
12. COUNTY OR PARISH  
Eddy
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3709.9 GL

RECEIVED BY

JUN 04 1984

O. C. D.

ARTESIA, OFFICE

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