

NEW OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO NM23417
2. NAME OF OPERATOR C.E. LARUE & B. N. MUNCY, JR.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470	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 2310' FEL SECTION 13, T18S, R28E, EDDY COUNTY, NM	8. FARM OR LEASE NAME TRAVIS FEDERAL
14. PERMIT NO	9. WELL NO. 2B
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT ARTESIA QUEEN GRAYBURG SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 13, T18S, R28E
	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

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

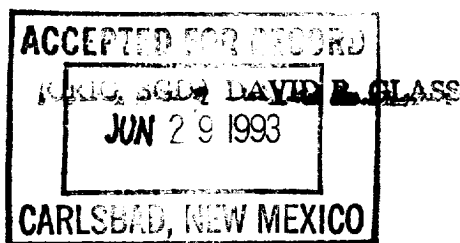
ALTERING CASING

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.)

AT THE PRESENT TIME, THE TANKS ARE BEING REPAIRED AND THE WELL IS BEING PREPARED TO MOVE IN A PUMP JACK SO THAT THIS WELL CAN BE PUT BACK TO PUMPING.



RECEIVED
JUN 7 11 50 AM '93

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

SIGNED

TITLE C.E. LARUE OPERATOR

DATE 6-4-93

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side