

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved by
Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO. **88210 NM-23417**

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 OCT 05 '94 C. C. D. ARTESIA, OFFICE | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 2. NAME OF OPERATOR C.E. LARUE | | | 7. UNIT AGREEMENT NAME | |
| 3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88210 | | | 8. FARM OR LEASE NAME TRAVIS FEDERAL | |
| 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 SEC. 13, T18S, R28E | | | 9. WELL NO. 2B | |
| 14. PERMIT NO. API# 30-015-01852 | | 15. ELEVATIONS (Show whether DF, RT, CR, etc.) N/A | | 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 |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|---|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(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.) *

WILL SET NEW TANK AND PUMP JACK WITHIN THE NEXT 45 BUSINESS DAYS AND PUT THIS WELL BACK ON PRODUCTION. WILL SEND SUNDRY NOTICE AS SOON AS PRODUCTION RESUMES.

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

SIGNED Mary Pierce

TITLE LEASE RECORDS

DATE 9-2-94

(This space for Federal or State office use)

(ORIG. SGD.) **JOE G. LARA**

APPROVED BY

TITLE PETROLEUM ENGINEER

DATE 10/3/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side