

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

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

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

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

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

WELL API NO.  
30-015-04515

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.  
NM27277

7. Lease Name or Unit Agreement Name  
GATES FEDERAL

8. Well No.  
2

9. Pool name or Wildcat  
LEO QUEEN GRAYBURG

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.)

1. Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

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

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

4. Well Location  
Unit Letter K : 1650 Feet From The S Line and 2310 Feet From The W Line  
Section 15 Township 18S Range 30E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3502

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: PLAN OF OPERATIONS ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

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.

GETTING PUMPJACK READY TO BE INSTALLED ON LOCATION. PLAN TO HAVE BACK IN  
COMPLIANCE WITHIN NEXT 30 DAYS.



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

SIGNATURE C E LaRUE 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: