

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

NM OIL CONS COMMISSION

Budget Bureau No. 1004-0135

Expires August 31, 1985

Artesia, NM 88210

DD NM 27277

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"/>	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 GATES FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL AND 2310' FWL SEC. 15, T18S, R30E	9. WELL NO. 1
10. FIELD AND POOL, OR WILDCAT	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 15, T18S, R30E
12. COUNTY OR PARISH EDDY	13. STATE NM
14. PERMIT NO. API # 30-015-04517	15. ELEVATIONS (Show whether DF, RT, CR, etc.) ARTESIA, OFFICE

RECEIVED

OCT 05 '94

O. C. D.

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 checked="" type="checkbox"/>
REPAIR WELL	<input 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 BE SUBMITTING PLUG AND ABANDON PROPOSAL WITHIN THE NEXT 30 DAYS. NEED TO GATHER DOWNHOLE INFORMATION FROM OCD FILES.

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

SIGNED Nancy Pierce

TITLE LEASE RECORDS

DATE 9-2-94

(This space for Federal or State office use)

APPROVED (ORIG. SGD.) JOE G. LARA

TITLE PETROLEUM ENGINEER

DATE 10/3/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side