

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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. NM 27277	
2. NAME OF OPERATOR C.E. LARUE & Bm Muncy Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO BOX 1370 ARTESIA, NM 88211-1370		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 2310' FSL AND 330' FWL SEC 26, T18S, R30E		8. FARM OR LEASE NAME GATES FEDERAL	
14. PERMIT NO. API#30-015-04548		9. WELL NO. 4	
15. ELEVATIONS (Show whether OF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT Lev 7 RVS-GN-GB-SA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 26 T18S R30E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) REQUEST WAIVER		(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.) \*

WE HEREBY REQUEST A WAIVER TO ONSHORE ORDER #4 SECTION III C.1 REQUIRING THE INSTALLATION OF PRESSURE-VACUUM THIEF HATCHES AND VENT LINE VALVES ON THIS PROPERTY FOR THE FOLLOWING REASONS:

- 1) THE API GRAVITY OF THE PRODUCED OIL IS 36 DEGREES OR LESS;
- 2) THE OIL PRODUCTION VOLUME FROM THIS WELL IS 10 BOPD OR LESS ON AN AVERAGE MONTHLY BASIS;
- 3) IT IS NOT ECONOMICALLY FEASIBLE.

RECEIVED

APR 09 1996

OIL CON. DIV.  
DIST. 2

RECEIVED

18. I hereby certify that the foregoing is true and correct			
SIGNED <i>Shannon J. Shaw</i>	TITLE LEASE RECORDS	DATE 3/4/96	
(This space for Federal or State office use)		505-746-6651	
APPROVED BY <i>Shannon J. Shaw</i>	TITLE PETROLEUM ENGINEER	DATE 4/5/96	
CONDITIONS OF APPROVAL, IF ANY:			

\*See Instructions on Reverse Side