

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)

NM OIL CONS COMMISSION

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

NM 27276  
N. LEASE IDENTIFICATION AND SERIAL NO

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 MC CLAY FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FEL AND 990' FSL SEC. 33, T18S, R30E	9. WELL NO. 8
14. PERMIT NO. API # 30-015-20280	10. FIELD AND POOL, OR WILDCAT BENSON QUEEN GRAYBURG, NORTH
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3418' GL	11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA SEC. 33, T18S, R30E
	12. COUNTY OR PARISH EDDY
	13. STATE NM

RECEIVED

SEP 05 '94

O. C. D.  
ARTESIA, OFFICE

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) CONTINUE SI STATUS

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.)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

ORIGINAL LEASE OWNER IS IN THE PROCESS OF TRYING TO REPURCHASE THIS WELL FROM US.  
HEREBY REQUEST APPROVAL TO CONTINUE SHUT IN STATUS FOR A PERIOD OF 180 DAYS.

APPROVED FOR 6 MONTH PERIOD  
ENDING 4/3/95

SEP 11 1994

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

SIGNED <u>Joe G. Lara</u>	TITLE <u>LEASE RECORDS</u>	DATE <u>9-2-94</u>
(This space for Federal or State office use)		
APPROVED <u>(ORIG. SGD.) JOE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>10/3/94</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side