

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW MEXICO CONS COMMISSION
DRAWER 80 DEBIT IN TRIPI
(Other Instructions)
year 1984 NM 88210

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"/>	2. NAME OF OPERATOR C.E. LARUE	3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL AND 1980' FEL SECTION 27 T18S, R30E	5. LEASE DESIGNATION AND SERIAL NO. NM 28527	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME DUVAL	9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT N. BENSON QUEEN GRAYBURG	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 27, T18S, R30E	12. COUNTY OR PARISH EDDY	13. STATE NM
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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.) *

7-27-94 PULLED 36 RODS OUT, PARTED - 3/4" BODY BREAK. LONG STROKED PUMP, 300# PRESSURE, NO LEAKS. REPLACED PARTED ROD. HUNG WELL ON. GOOD PUMP ACTION. REPACKED STUFFING BOX. CLEANED LOCATION.

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

SIGNED

TITLE LEASE RECORDS

DATE

8-24-94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

30-1015-22310

1-9-78

Acoustic Cement Bond

VDL Signature

1300 - 5220

Gamma Ray Neutron

1500 - 3525

