

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Copy to 57
Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 058186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a sufficient reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

NOV 15 1978

O. C. C.
ARTESIA, OFFICE

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
C. E. LaRue and B. N. Muncy, Jr. ✓

3. ADDRESS OF OPERATOR
PO Box 196 Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

1980' FNL & 660' FEL, Section 27, T 18 S, R 30 E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3407.2

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Duval Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

North Benson Queen (Q, S, SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T 18 S, R 30 E

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*
Oil String

(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.)

Set 3495' of 15 1/2" used 5 1/2" casing, cemented with 300 sacks class C with 2% Cacl. 10/23/78

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

SIGNED *[Signature]*

TITLE Operator

DATE 10/26/78

(This space for Federal or State office use)

APPROVED BY *[Signature]*

TITLE ACTING DISTRICT ENGINEER

DATE NOV 14 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side