

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 058186

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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.)

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, CM, etc.)

3407.2

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

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

TITLE

Operator

DATE

10/26/78

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

NOV 14 1978

CONDITIONS OF APPROVAL, IF ANY: