Form 9-331 (May 1963)	UNITED STATES	(Other instructions on	E* Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.
DEPARTMENT OF THE INTERIOR (Other Instructions on Te			N.M. 27277
SUNDRY NO	FICES AND REPORTS (pals to drill or to deepen or plug by ATION FOR PERMIT—" for such p	ON WELLS pack to a different temptofri) roposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		SEP 3 1980	7. UNIT AGREEMENT NAME
WELL A WELL OTHER		0 1300	8. PARM OR LEASE NAME
C. E. LaRue and B. N. Muncy, Jr.		(1, C. D.	Gates Federal
3. ADDRESS OF OPERATOR		ARTISM, OFFICE	9. WELL NO.
P. O. Box 196 Artesia, New Mexico 88210 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			5
4. LOCATION OF WELL (Report location See also space 17 below.) At surface	clearly and in accordance with any	State requirements.	Leo Queen Grayburg 11. SEC., T., B., M., OB BLK. AND
330' FNL and 2310' FV	WL Section 22, T18S,	R30E	Section 22, T18S, R30H
	15. ELEVATIONS (Show whether D	RT CR etc.)	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.	3546.2 GL	, 11., 01., 000.,	Eddy NM
16. Check A	appropriate Box To Indicate		
NOTICE OF INTE	INTION TO:	SUB	BSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	X REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other)(Norm: Report res	sults of multiple completion on Well completion Report and Log form.)
set 531' of	29# used 8 5/8" casi	ing and circulated of aCl. 8/14/80. Pres	ssured to
1000# for 3	O minutes with no lea	akage 8/15/80 after	r waiting 12
hours on ce	ment.		
			RECEIVED
			AUG 2 8 1330
	,		U.S. GEOLDGIJAL SURVE ARTESIA, NEW MEXICO
		ACCEPTED FOR RECORD	
		مری ۱۱۱۵ م	
		AUG 2 9 1980	
	U.S	GOLOGICAL SULVEY	
18. I hereby certify that the foregoing	g is true and correct		8/24/80
SIGNED Place	TITLE	Operator	DATE 0/24/60
(This space for Federal or State	office use)		
APPROVED BY	F ANY:		DATE