

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other side, reverse side)

NM OIL CONS COMMISSION
Artesia, NM

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

88210 DESIGNATION AND SERIAL NO.

NM 27277

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"/>		RECEIVED OCT 05 '94 C. C. D. ARTESIA, OFFICE	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 GATES FEDERAL	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FNL AND 2310' FWL SEC. 22, T18S, R30E			9. WELL NO. 5	
14. PERMIT NO. API # 30-015-23050		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3546' GL	10. FIELD AND POOL, OR WILDCAT LEO QUEEN GRAYBURG	
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 22, T18S, R30E	
			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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.) *

INTEND TO PUT THIS WELL BACK ON PRODUCTION WITHIN 60 DAYS. NEED ELECTRICAL REPAIRS AND PUMP JACK REPAIRS. WILL SUBMIT SUNDRY NOTICE WHEN PRODUCTION RESUMES.

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

SIGNED Joe G. Lara

TITLE LEASE RECORDS

DATE 9-2-94

(This space for Federal or State office use)

(ORIG. SGD.) JOE G. LARA

PETROLEUM ENGINEER

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 10/3/94

*See Instructions on Reverse Side