

c/sf

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

C. E. LaRue & B. N. Muncy, Jr. ✓

3. ADDRESS OF OPERATOR

P. O. Box 470 Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 660' FSL & ~~660~~³⁶⁰' FWL

AT SURFACE: Section 34, T-18S, R-30E

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☒

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

SUBSEQUENT REPORT OF:

☒

☐

☐

☐

☐

☐

☐

☐

☐

5. LEASE

NM 27276

6. IF INDIAN, ALLOTTEE OR

RECEIVED BY

7. UNIT AGREEMENT NAME

APR 29 1985

8. FARM OR LEASE NAME

McClay Federal

O. C. D.

ARTESIA, OFFICE

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

N. Benson Queen - *M. Queen*

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

Section 34, T-18S, R-30E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3429' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Well spudded January 5, 1985. Set 659' of 8 5/8" 24 # API Casing, circulated cement with 375 sacks January 6, 1985. Waited 12 hrs. on cement, tested casing for 30" @ 1000 # with no leakage.

SAPD was app'd for 520'

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

[Signature]

TITLE Operator

DATE

4-24-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

[Signature]

APR 26 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO