GEOLOGICAL SURVEY         MM 0557558         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.       RECEIVE         C. Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.       RECEIVE         OTHER         C. DAB       OTHER         C. E. LaRue and B. N. Muncy, Jr.         States of orearos         P. O. Box 196, Artesia, New Mexico 88210         Artesia, New Mexico 88210         ARTESIA, OFF         Actors are with any State requirements.*         See also space if below.)         At surface         (60' from North and 660' from East Lines       Section 34         T 198       R 27E         It elevents may state requirements.*         Section 34         T 198, R 27E         Section 34         Section 34         Section 34         Section 34         Section 34         Section 34 <tr< th=""><th>Form 9-331 (May 1968)</th><th>TESIA OFFICE OPPEOI I TED STATES TMENT OF THE INTER</th><th>SUBMIT IN TF ICATE.</th><th>Form approved. Budget Bureau 5. LEASE DESIGNATION AN</th><th></th></tr<>	Form 9-331 (May 1968)	TESIA OFFICE OPPEOI I TED STATES TMENT OF THE INTER	SUBMIT IN TF ICATE.	Form approved. Budget Bureau 5. LEASE DESIGNATION AN		
SUNDRY NOTICES AND REPORTS ON WELLS       RECEIVE         (Do not use this form for proposals of affil or to deserve or prive back to a different reservoir. Use "APPLICATION POR PERMIT-" for such proposals.)       RECEIVE         I       Image: Comparison of affil or to deserve or prive addition of the such proposals.)       Image: Comparison of the such proposals.)       Imag	GEOLOGICAL SURVEY			The second same and a company supporting the second s	Contraction of Contraction of Contract, State of Co	
OLL       CAS       OTHRE         2. MARE OF OPERATOR       3. FARM OF OPERATOR       3. FARM OF OPERATOR         2. MARE OF OPERATOR       3. FARM OF OPERATOR       3. FARM OF OPERATOR         3. ADDRESS OF OPERATOR       0. WILL       ARTESIA, NEW Mexico 88210         4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*       5. WELL NO.         3. ADDRESS OF OPERATOR       0. WELL (Report location clearly and in accordance with any State requirements.*         3. ADDRESS OF OPERATOR       10. FIELD AND FOOL, OR WILCCAT         4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*       0. WELL NO.         4. LOCATON OF WELL (REPORT location clearly and in accordance with any State requirements.*       10. FIELD AND FOOL, OR WILCCAT         4. Sec also space 17 below.)       11. SEC. T. Z. M., W. OKEL. AND SCIENCE, T. S. M., OR BELL, AND SCIENCE, T. S. M., OR SCIENCE, T. S. M., OR SCIENCE, T. S. M., OR SCIENCE, T. S.	(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.			6. IF INDIAN, ALLOTTEE OR TEIBE NAME RECEIVED		
WELL CL WELL       OTHER         2. MARE OF OPERATOR       DEC 1 0 10         2. ADDRESS OF OPERATOR       8. PARM OF LEASE NAME         3. ADDRESS OF OPERATOR       Hall Federal 0. C. D.         4. COCATION OF WELL (Report location clearly and in accordance with any State requirements.* Staturace       9. WELL NO:         4. COCATION OF WELL (Report location clearly and in accordance with any State requirements.* Staturace       10. FIELD AND FOOL, OF WILDCAT         4. COCATION OF WELL (Report location clearly and in accordance with any State requirements.* Staturace       10. FIELD AND FOOL, OF WILDCAT         4. COCATION OF WELL (Report location clearly and in accordance with any State requirements.* Staturace       10. FIELD AND FOOL, OF WILDCAT         4. COCATION OF WELL (Report location clearly and in accordance with any State requirements.* Staturace       10. FIELD AND FOOL, OF WILDCAT         4. COCATION OF WELL (Report location clearly and in accordance with any State requirements.* Staturace       11. SEC., T. B., M., OR BLE, AND State of the Complexity of the Complex				7. UNIT AGBREMENT NAME		
C. E. LaRue and B. N. Muncy, Jr.       Hall Federal O. C. D.         S. ADDRESS OF OFFRATOR       9. WELL NO.         P. O. Box 196, Artesia, New Mexico 88210       ARTESIA, OFF         4. GOGATION OF WELL (Report location clearly and in accordance with any State requirements." Stee also space 17 below.) At surface       ARTESIA, OFF         660' from North and 660' from East Lines Section 34 T 19S       Mildcat         T 19S       R 27E         14. PERMIT NO.       15. SLEVATIONS (Show whether DF, RT, GR, etc.)         3104, GL       12. COUNTY OR PARISH 18. STATE         NOTICE OF INTENTION TO::       SUBBEQUENT REPORT OF:         TEST WATER SHUT-OFF       PCLL OR ALTER CASING         MULTIPLE COMPLETE       MULTIPLE COMPLETE         SHOOT OR ACIDIZE       ABANDON*         REPAIR WELL       CHANGE PLANS	WELL X WELL OTHE	L			DEC 1 0 1990	
3. ADDRESS OF OPERATOR       P. 0. Box 196, Artesia, New Mexico 88210       ARTESIA, OFF         4. Locarion of well (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface       D. WELL NO.       ARTESIA, OFF         4. Locarion of well (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface       D. WELL NO.       ARTESIA, OFF         6601 from North and 6601 from East Lines       Section 34       Hildcat       Hildcat         T 19S       R 27E       Section 34       Hildcat       Hildcat         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       12. COUNTY OF PARISH       18. STATE         16.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data       Notice of INTENTION TO:       Subsequent Report of:         TERT WATER SHUT-OFF       PULL OK ALTER CASING       WATER SHUT-OFF       REPAIRING WELL         Shoot OB ACIDIZE       ABANDON*       Shoot OB ACIDIZE       ABANDON*       ABANDON*         REPAIR WELL       CHANGE PLANS       Change PLANS       Notice of multiple completion on Well	2. NAME OF OPERATOR	4		8. FARM OR LEASE NAME		
P. O. Box 196, Artesia, New Mexico 88210       ARTESIA, OFF         4. Cocarion of well (Report location clearly and in accordance with any State requirements." At surface       10. FIELD AND POOL, OE WILDCAT         6601 from North and 6601 from East Lines       Section 34         T 19S       R 27E         14. PERMIT NO.       15. FLEVATIONS (Show whether DF, RT, GR, etc.)         3104, GL       12. COUNTY OR PARISH         18.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       PULL OR ALTER CASING         MULTIPLE COMPLETE       ABANDON*         REPAIR WELL       CHANGE PLANS         (Other)       CHANGE PLANS	C. E. LaRue and B. N. Muncy, Jr.			Hall Federal	DCD	
14. DOX 1705       AF CESTA, NEW PERTECO SOLU         4. COLATION OF WELL (Report location clearly and in accordance with any State requirements." See also space 17 below.) At surface       10. FIELD AND FOOL, OR WILDCAT         6601       from North and 6601       from East Lines       Section 34         T 19S       R 27E       11. SEC., T., E., M., OR BEA. AND SURVEY OR ABEA Section 34         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       12. COUNTY OR PARISH         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       12. COUNTY OR PARISH         18.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TV :       SUBSEQUENT REPORT OF :         TEST WATER SHUT-OFF       PULL OK ALTER CASING       WATER SHUT-OFF         FRACTURE TREAT       MULTIPLE COMPLETE       ABANDON*         SHOOT OB ACIDIZE       ABANDON*       ABANDON*         REPAIR WELL       CHANGE PLANS       (Other)         (Other)       Change PLANS       (Other)         (NOTE: Report results of multiple completion on Well       Well	3. ADDRESS OF OPERATOR					
See also space 17 below.) At surface       Mildcat       Mildcat       Mildcat         6601 from North and 6601 from East Lines       Section 34       II. SEC., r. R., M., OR BLE. AND SURVEY OR ABBA Section 34         T 19S       R 27E         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.)       I2. COUNTY OR PARISH         3104 GL       I3. STATE         Bandon for intention to:       Subsequent report, or Other Data         Notice of intention to:       Subsequent report of:         Test water shut-off       PULL OR ALTER CASING         Multiple complete       Multiple complete         Abandon*       Scoticz of abba         REPAIR WELL       Change plans         (Noter: Report results of multiple completion on Well	P. O. Box 196, Artesia, New Mexico 88210			1	ARIESIA, OFFICE	
T 19S       R 27E       Section 34 T 19S, R 27E         14. PERMIT NO.       15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3104, GL       12. COUNTY OR PARISH Eddy       13. STATE No.         16.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         NOTICE OF INTENTION TO :         SUBSEQUENT REPORT OF :         WATER SHUT-OFF         FRACTURE TREAT       PULL OR ALTER CASING         NULTIPLE COMPLETE       WATER SHUT-OFF         REPAIR WELL       CHANGE PLANS         (Other)       (Other)         (NOTE : Report results of multiple completion on Well	See also space 17 below.) At: surface					
3104 GL     Eddy     N. M.       18.     Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data       Notice of intention to::     subsequent report of:       TEST WATER SHUT-OFF     REPAIRING WELL       PULL OR ALTER CASING     WATER SHUT-OFF       FRACTURE TREAT     REPAIRING WELL       SHOOT OF ACIDIZE     ABANDON*     CHANGE PLANS     CHANGE PLANS     COther)     COther)     Completion on Well				Section 34		
18. 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 OF ACIDIZE REPAIR WELL CHANGE PLANS (Other) (NOTE : Report results of multiple completion on Well	14. PERMIT NO.	15. BLEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH	18. STATE	
NOTICE OF INTENTION TO :       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       PULL OR ALTER CASING         FRACTURE TREAT       MULTIPLE COMPLETE         SHOOT OB ACIDIZE       ABANDON*         CHANGE PLANS       CHANGE PLANS		3104 GL		Eddy	N. M.	
TEST WATER SHUT-OFF       PULL OR ALTER CASING         FRACTURE TREAT       MULTIPLE COMFLETE         SHOOT OR ACIDIZE       ABANDON*         CHANGE PLANS       (Other)         (NOTE : Report results of multiple completion on Well	18. Check	Appropriate Box To Indicate	Nature of Notice, Report, or C	ther Data		
FRACTURE TREAT       MULTIPLE COMPLETE         SHOOT OB ACIDIZE       ABANDON*         REPAIR WELL       CHANGE PLANS         (Other)       (Note: Report results of multiple completion on Well	NOTICE OF IN	SUBSEQU	SUBSEQUENT REPORT OF :			
SHOOT OB ACIDIZE     ABANDON*     SHOOTING OR ACIDIZING     ABANDONMENT*     X       REPAIR WELL     CHANGE PLANS     (Other)	TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WE		
SHOOT OB ACIDIZE     ABANDON*     SHOOTING OR ACIDIZING     ABANDONMENT*     X       REPAIR WELL     CHANGE PLANS     (Other)     (NOTE ; Report results of multiple completion on Well	FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASI	NG	
(NOTE ; Report results of multiple completion on Well	SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT		
	REPAIR WELL	CHANGE PLANS	(Other)			
(ompretion of recompretion weptit and log form)	(Other)					
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 perti-	17. DESCRIBE PROPOSED OR COMPLETED	OPERATIONS (Clearly state all pertin	ent details, and give pertinent dates.	including estimated date of	f starting any	

Set 25 sack cement plug from 240' to 250' with heavy mud to 1000' at total depth of re-entry attempt. Set 5 sack cement plug at surface with heavy mud between plugs. Set surface marker. All as per verbal instructions.

		U.S. GETLO WYE GETLO		VEQ S
18. I hereby certify that the foregoing is true and correct SIGNED	Operator	DATE	August	12, 1975
(This space for Federal or State office use) (Orig. Sgd.) PETER W. CHESTER APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	ACTING DISTRICT ENGINEER	DATE	DEC	8 1980

\*See Instructions on Reverse Side