

U. S. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIP DATE\*  
(Other instructions on re-  
verse side)Copy 10 of 11  
Form approved.  
Budget Bureau No. 42-R1424.

## 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	
2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr. ✓		JUN 30 1978	
3. ADDRESS OF OPERATOR P.O. Box 196, Artesia, New Mexico 88210		O. C. C. ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FNL & 990' FEL, Section 13, T19S, R30E		5. LEASE DESIGNATION AND SERIAL NO. NM 025559	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3510.6 3410.6 Circulated	
6. IF INDIAN, ALLOTTED OR TRIBE NAME		7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Culbertson & Irwin		9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Benson Yates East		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 13, T19S, R30E	
12. COUNTY OR PARISH Eddy		13. STATE N.M.	

## 18. 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 type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## 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) Oil String	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.) \*

Ran 2276' of 4-1/2" - 10.5# casing and cemented with 120 sacks 6/24/78, cement circulated.

RECEIVED  
JUN 28 1978  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Operator

DATE

6/24/78

(This space for Federal or State office use)

APPROVED BY

TITLE

ACTING DISTRICT ENGINEER

DATE

JUN 30 1978

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side