COPIES RECEIVED 3]		Form C-103
TRIBUTION			Supersedes Old
FE /	NEW MEXTCO OIL CO	NSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE / V			
U.S.G.S.	4 CCT 2.5	1077	5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR /	J	grieng.	5. State Oil & Gas Lease No.
	J. C.	L	
SUNDF	RY NOTICES AND REPORTS (ON WELLS	
USE "APPLICAT	OPOSALS TO DRILL OR TO DEEPEN OR PLUTION FOR PERMIT (FORM C-101) FOR	G BACK TO A DIFFERENT RESERVOIR. Such Proposals.)	
1. OIL X GAS WELL X	OTHER.		7. Unit Agreement Name
2. Name of Operator			8, Farm or Lease Name
C. E. LaRue & B. N. Muncy, Jr.			Villa
3. Address of Operator			9. Well No.
P.O. Box 196, Artesia, New Mexico 88210			1-Y
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER D 990 FEET FROM THE NORTH LINE AND 380 FEET FROM			Wildcat Delaware
UNIT LETTER D , 550 FEET FROM THE NOT CIT LINE AND 500 FEET FROM			THOM WORK TO THE W
THE West LINE, SECTION 8 TOWNSHIP 23 S RANGE 28 E NMPM.			
THE WEST LINE, SECTION O TOWNSHIP 23 5 RANGE 28 L NMPM.			MMPM. (
	15. Elevation (Show whet.	her DF, RT, GR, etc.)	12, County
	3031 GL		Eddy
16. Check		Nature of Notice Report of	
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
NOTICE OF I	NI EN PION TO.	308320	DENT REFORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
		OTHER	
OTHER Set Surface Cas	ing	X	
.7. Describe Proposed or Completed O work) SEE RULE 1103.	perations (Clearly state all pertinent	details, and give pertine <mark>nt dates, inc</mark>	luding estimated date of starting any proposed
<i>a.o.n.</i> , 522 1152 1155.	29 *		
Well spudded and 359' of 8-5/8" casing set and circulated with 200 sacks Class C			
cement 9/29/77. Waited 24 hours on cement, drilled out from under surface to 3429'			
10/5/77.	red 24 hours on cemen	c, arrited out from an	der surface to 3429
10/3/11.			
	•		
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
18, I hereby certify that the information	n above is true and complete to the be	est of my knowledge and belief.	
hy,		2	2 a
SIGNED	TITLE_	Operator	DATE 10/19/77
			_
///	42	SUPERVISOR, DISTRICT	u - 001 28 19/7
APPROVED BY	FUSSIO TITLE_		DATE
CONDITIONS OF APPROVAL, IF AN	Y:		·