

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

CIS  
Op

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-015-01852

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
NM23147

7. Lease Name or Unit Agreement Name

TRAVIS

8. Well No.  
2B

9. Pool name or Wildcat  
ARTESIA QUEEN GRAYBURG SA

**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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:  
OIL WELL  GAS WELL  OTHER

2. Name of Operator  
C E LaRUE & B N MUNCY, JR.

3. Address of Operator  
P O BOX 1370 ARTESIA, NM 88211-1370

4. Well Location  
Unit Letter B : 330 Feet From The N Line and 2310 Feet From The E Line

Section 13 Township 18S Range 28E NMPM EDDY County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3642

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

### NOTICE OF INTENTION TO:

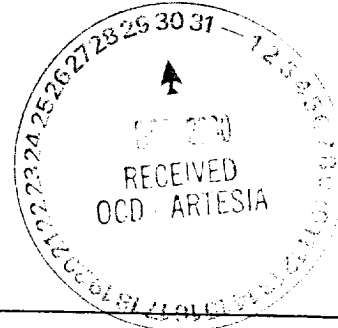
- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- OTHER: PLAN OF OPERATIONS
- PLUG AND ABANDON
- CHANGE PLANS

### SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING TEST AND CEMENT JOB
- OTHER:
- ALTERING CASING
- PLUG AND ABANDONMENT

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

WELL NEEDS PUMPJACK REPAIRS OR REPLACEMENT, NEEDS RODS & TUBING. WELL BORE IS ALRIGHT. WE WILL HAVE WELL BACK IN COMPLIANCE BY JUNE 01, 2001.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE OWNER DATE 10/26/00

TYPE OR PRINT NAME C E LaRUE TELEPHONE NO. \_\_\_\_\_

(This space for State Use)

APPROVED BY Record Only TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: