

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. 300050091000
5. Indicate Type of Lease FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LC062476
7. Lease Name or Unit Agreement Name FEDERAL V
8. Well No. #1
9. Pool name or Wildcat BRICKEY QUEEN Caprock
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4419 GL

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.)

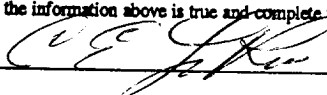
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> INJECTION
2. Name of Operator C.E. LARUE & B.N. MUNCY, JR.
3. Address of Operator PO BOX 470 ARTESIA, NM 88211-0470
4. Well Location Unit Letter P : 660 Feet From The SOUTH Line and 660 Feet From The EAST Line Section 34 Township 13S Range 31E NMPM CHAVES County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

PULL 2940' OF 2 3/8" TUBING. REPLACE BAD JOINT OF TUBING. REPLACE OLD PACKER WITH NEW 5 1/2" 14# GUIBERSON PACKER. RAN TUBING BACK TO 2940'. CIRCULATE WELL WITH 75 BBLs. 2% KCL. SET AND TESTED PACKER AT 300 PSI FOR 15 MINUTES. NO LEAKS.

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

SIGNATURE 	TITLE OPERATOR	DATE 11-21-91
TYPE OR PRINT NAME C.E. LARUE		TELEPHONE NO. 505-746-6651

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 25 1991

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