

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL CONS. COMMISSION

SUBMIT IN TRIPlicate  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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.)

P. O. BOX 1980  
ROSWELL, NEW MEXICO 88240

|  |  |
|--|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br>C.E. LARUE & B.N. MUNCY, JR.  | 8. FARM OR LEASE NAME<br>FEDERAL V                                     |
| 3. ADDRESS OF OPERATOR<br>PO BOX 470 ARTESIA, NM 88210   | 9. WELL NO.<br>4   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>Unit I<br>660' FEL AND 1980 FSL SEC. 34 T13S R31E CHAVES COUNTY, NM | 10. FIELD AND POOL, OR WILDCAT<br>CAPROCK QUEEN                        |
| 14. PERMIT NO.<br>3D-005-00913   | 11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA<br>SEC. 34, T13S R31E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)   | 12. COUNTY OR PARISH<br>CHAVES   |
|  | 13. STATE<br>NM  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                          |  |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/>           |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>              |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <input 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.)\*

AT THIS TIME WE ARE PREPARING TO PUT NEW CASING HEAD ON WELL AND HANG WELL ON.



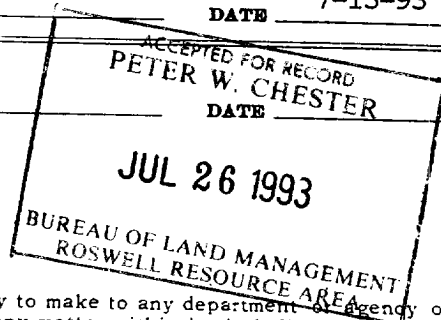
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE OPERATOR DATE 7-13-93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side