

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NMLC062486
2. NAME OF OPERATOR C.E. LARUE & B. N. MUNCY, JR.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 990' FSL & 1650' FEL S4, T14S, R31E	8. FARM OR LEASE NAME TRIGG FEDERAL
14. PERMIT NO.	9. WELL NO. 13
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 4194.2 GR	10. FIELD AND POOL, OR WILDCAT CAPROCK QUEEN
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC, 4, T14S, R31E
	12. COUNTY OR PARISH CHAVES
	13. STATE NM

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"/>	

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) <input checked="" type="checkbox"/> CHANGE API WELL NUMBER	

(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.)

CHANGE API WELL NUMBER TO MATCH STATE RECORDS

FROM: 30-005-00582 TO: 30-005-00982

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

SIGNED Nancy Smith

TITLE LEASE RECORDS

DATE 6-23-94

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
JUN 24 8 22 AM '94
BUREAU OF LAND MANAGEMENT
ROCKY MOUNTAIN AREA

DATE 6-23-94
JUN 28 1994
BUREAU OF LAND MANAGEMENT
ROCKY MOUNTAIN AREA

RECEIVED

JUL 05 1994

**COB COBDO
OFFICE**