

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL STATE COMMISSION  
P.O. BOX 1580  
HOBBES, NEW MEXICO 88240

30-005-00990  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> <u>Water Injection Well</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-062486</u>
2. NAME OF OPERATOR <u>C.E. LaRue &amp; B.N. Muncy, Jr.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>PO Box 470 Artesia, NM 88210</u>	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 <u>660' FSL &amp; 990' FWL Sec. 4, T14S R31E</u>	8. FARM OR LEASE NAME <u>Trigg Federal</u>
14. PERMIT NO.	9. WELL NO. <u>29</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4135' GL</u>	10. FIELD AND POOL, OR WILDCAT <u>Caprock Queen</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 4, T14S, R31E</u>
	12. COUNTY OR PARISH <u>Chaves</u>
	13. STATE <u>NM</u>

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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.) \*

We hereby request approval to continue TA Status on this well. We plan to put this well back in operation in the near future.

API # 30-005-00990

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

SIGNED <u>[Signature]</u>	TITLE <u>Operator</u>	DATE <u>7-14-89</u>
(This space for Federal or State office use)		

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED FOR 12 MONTH PERIOD  
ENDING SEP 22 1990  
\*See Instructions on Reverse Side

DATE <u>APPROVED</u>
<u>PETER W. CHESTER</u>
<u>SEP 22 1989</u>
BUREAU OF LAND MANAGEMENT