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State of New Mexico

Form C-103 Energy, Minerals and Natural Resources Department District Office Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 DISTRICT II 30-005-01007 Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III Federal, STATE FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. LC-062486 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: OIL WELL GAS -Water Injection Well Trigg Federal 2. Name of Operator 8. Well No. C.E. LaRue & B.N. Muncy, Jr. 3. Address of Operator 9. Pool name or Wildcat PO Box 470 Artesia, NM 88210 Caprock Queen Well Location 600 Feet From The FSL 660 FEL Feet From The Line Section 145, 31E Range Township Chaves NMPM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 4173' GL Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: OTHER:_ 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. Tubing was pulled and well was temporarily abandoned in May 1989. We hereby propose

to clean out well, test casing & put back on production in the near future.

I hereby certify that the information above in true and certificate to the best of my kin	owledge and belief.	
SIGNATURE SIGNATURE	Operator	6-27-90
TYPE OR PRINT NAME C.E. LaRue	· · · · · · · · · · · · · · · · · · ·	TELEPHONE NO. 746-6651
(This space for State Use) FOR RECORD ONLY TITLE		JUN 29 1990
APPROVED BY CONDITIONS OF APPROVAL IF ANY:	TITLE	DATE