

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other Injection Well
2. NAME OF OPERATOR
C.E. LaRue & B.N. Muncy, Jr.
3. ADDRESS OF OPERATOR
PO Box 196 Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1980' FSL and 1980' FEL
AT SURFACE: Section 9, T14S, R31E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

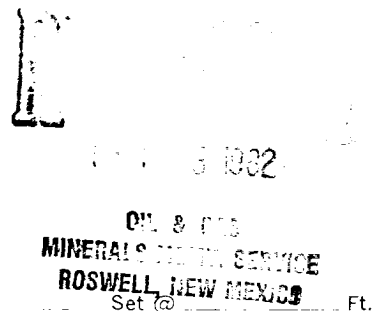
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
LC062486
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME **RECEIVED**
8. FARM OR LEASE NAME
Trigg Federal **JAN 17 1983**
9. WELL NO.
10 **O. C. D.**
10. FIELD OR WILDCAT NAME **ARTESIA, OFFICE**
Caprock Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T14S, R31E
12. COUNTY OR PARISH
Chaves
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Pulled tubing and packer, ran 2160' Plastic Lined Tubing with Baker Packer set at 2160'. Pressure tested casing @ 500# with no leakage. Placed back on injection 11/10/82.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED [Signature] TITLE Operator DATE 12/2/82

APPROVED BY [Signature] TITLE _____ DATE _____
(This space for Federal or State office use)
CONDITIONS OF APPROVAL IF ANY: _____

MINERALS SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side