

N. M. O. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 062486

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER 2. NAME OF OPERATOR C. E. LaRue and B. N. Muncy, Jr. 3. ADDRESS OF OPERATOR P. O. Box 156, Artesia, New Mexico 88011 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from South line and 660' from West line Section 9, T 14S, R 31E 14. PERMIT NO.	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Trigg Federal 9. WELL NO. 26 10. FIELD AND POOL, OR WILDCAT Caprock Queen 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 9 T 14S, R 31E 12. COUNTY OR PARISH Chaves 13. STATE N.M.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ FRACTURE TREAT ☐ SHOOT OR ACIDIZE ☐ REPAIR WELL ☐ (Other) ☐	PULL OR ALTER CASING ☐ MULTIPLE COMPLETE ☐ ABANDON* ☐ CHANGE PLANS ☐
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ FRACTURE TREATMENT ☐ SHOOTING OR ACIDIZING ☐ (Other) ☐	REPAIRING WELL ☐ ALTERING CASING ☐ ABANDONMENT* ☐
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(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.)*

Well was plugged in producing formations in 1971.

RECEIVED

NOV - 7 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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NOV - 4 1974

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ARTESIA, NEW MEXICO

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

SIGNED [Signature] by SC TITLE Operator DATE 10/20/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENCH OR PLUGGED BY
OCT 1 - 1975
*See Instructions on Reverse Side

APPROVED
NOV 7 - 1974
[Signature]

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or other plug; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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D. C. C.
ARTESIA, OFFICE