

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. State Oil & Gas Lease No.

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator C.E. LaRue & B.N. Muncy, Jr. 3242	8. Farm or Lease Name Gulf Wilcox 28593
3. Address of Operator PO Box 470 Artesia, NM 88210	9. Well No. 1
4. Location of Well UNIT LETTER P, 660 FEET FROM THE South LINE AND 660 FEET FROM East THE LINE, SECTION 19 TOWNSHIP 8S RANGE 31E NMPM.	10. Field and Pool, or Wildcat Undesignated 56480 Siato San Andres
15. Elevation (Show whether DF, RT, GR, etc.) 4120 GL	12. County Chaves

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. 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.

Well is not a commercial producer. Will request approval of Plug and Abandon Prodecures.

Field Inspection
8/9/01
Bucker Rod sticking
up, Reserve pit is
not closed
BEP

[Signature]
8-13-01

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED *[Signature]* TITLE Owner DATE 3/25/86

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY DATE APR 8 - 1986

CONDITIONS OF APPROVAL, IF ANY:

T 1 202000 4/8/87

RECEIVED
MAR 27 1996
C. C. D.
Houses Office