

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 9980
HOBBS, NEW MEXICO 88240

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 8910086380 <i>10-26-18-94</i>
2. NAME OF OPERATOR C. E. LARUE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470		7. UNIT AGREEMENT NAME PEARSALL QUEEN SAND UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL AND 1650' FWL SECTION 4, T18S, R32E		8. FARM OR LEASE NAME PEARSALL QUEEN
14. PERMIT NO. API # 30-025-00833	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3870 GL	9. WELL NO. TR 6 - 1
		10. FIELD AND POOL, OR WILDCAT PEARSALL QUEEN
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4, T18S, R32E
		12. COUNTY OR PARISH LEA
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

7-22-94 UNSEAT PUMP. TRIPPED OUT OF HOLE WITH 2' X 6' X 3/4" SUB, 145- 3/4" RODS, 2' X 3/4" SUB AND 2" X 1 1/2" X 12' PUMP. TRIPPED IN HOLE WITH SAME SIZE PUMP AND RODS. HUNG WELL ON. GOOD PUMP ACTION. RIGGED DOWN AND CLEANED LOCATION.

J. Lara

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

SIGNED *Nancy Smith* TITLE LEASE RECORDS DATE 8-24-94

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side