

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O. C. C.  
SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> WELL GAS <input type="checkbox"/> WELL OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 060503	
2. NAME OF OPERATOR C.E. LaRue & B.N. Muncy, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 196 Aretsia, New Mexico 88210		7. UNIT AGREEMENT NAME TR # 6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650 FNL & 1650 FWL; Section 4, T 18S, R 32E		8. FARM OR LEASE NAME Pearsall Queen Sand Unit	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3870 GL		10. FIELD AND POOL, OR WILDCAT Pearsall Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 4, T 18S, R 32E	
		12. COUNTY OR PARISH Lea	13. STATE N.Mex.

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 type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>plumbing for casing leak survey</u> <input checked="" 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.) \*

Installed necessary plumbing for casing leak survey.

Two inch was plumbed to surface with a braiding head connection consisting of a 2000# valve. At or above the surface, a one inch swage was connected to a one inch 2000# valve.

Inspected and approved by Ms. W. Kelly, March 22, 1979.

RECEIVED

APR 24 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED [Signature]

TITLE

ACCEPTED FOR RECORD

DATE

(This space for Federal or State office use)

APR 24 1979

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

DATE