

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N.M. OIL CONS. COMMISSION  
P.O. BOX 10820  
HOBBES, 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 LC061840
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 660' FNL AND 1980' FEL SECTION 4, T18S, R32E	8. FARM OR LEASE NAME PEARSALL
14. PERMIT NO. APT # 30-025-00834	9. WELL NO. TR 5A #1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3877 GL	10. FIELD AND POOL, OR WILDCAT PEARSALL QUEEN
	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA SEC. 4, T18S, R32E
	12. COUNTY OR PARISH LEA
	13. STATE NM

18. 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.)

7-26-94 PULLED 18 - 5/8" RODS OUT. PARTED AT 5/8" PIN. RAN FISHING TOOL IN, LONG STROKED PUMP. PULLED OUT AND REPLACED ROD, BACK IN WITH RODS. HUNG WELL ON. POOR PUMP ACTION. PULLED RODS AND PUMP OUT. RAN NEW PUMP AND RODS BACK IN. HUNG WELL ON. REPACKED STUFFING BOX. PUMP ACTION GOOD. RIGGED DOWN AND CLEANED LOCATION.

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