

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

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"/>		7. UNIT AGREEMENT NAME PEARSALL QUEEN SAND UNIT	
2. NAME OF OPERATOR C.E. LARUE & B.N. MUNCY, JR.		8. FARM OR LEASE NAME PEARSALL QUEEN SAND UNIT	
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470		9. WELL NO. TRACT 5A WELL #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface		10. FIELD AND POOL, OR WILDCAT PEARSALL QUEEN	
14. PERMIT NO. 30-025-00834		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4, T18S, R32E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3877' GL		12. COUNTY OR PARISH LEA	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SHUT IN WELL <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.) *

PLAN TO RECOMPLETE WELL IN THE NEAR FUTURE, AS CASH FLOW AND OIL PRICES WILL ALLOW.

HEREBY REQUEST APPROVAL TO CONTINUE SI STATUS FOR @ 6 MONTHS.

APPROVED FOR 6 MONTH PERIOD
ENDING 10/1/94

RECEIVED
APR 1 11 59 AM '94
BUREAU OF LAND MGMT.
HOEBBS, NM.

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

SIGNED <u>C.E. Larue</u>	TITLE <u>C.E. LARUE</u>	OPERATOR	DATE <u>3-30-94</u>
(This space for Federal or State office use)			
APPROVED BY <u>JOSE G. LARA</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>5/19/94</u>	

CONDITIONS OF APPROVAL, IF ANY:

further SI approval will require a casing integrity test.

*See Instructions on Reverse Side

RECEIVED

MAY 20 1994

**OCD HOBBS
OFFICE**