

N.M. OIL CONS. COMMISSION
UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
PO BOX 1980
ALBUQUERQUE, 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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME PEARSALL QUEEN SAND UNIT
2. NAME OF OPERATOR C.E. LARUE	8. FARM OR LEASE NAME PEARSALL QUEEN
3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470	9. WELL NO. TR 4 #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FNL AND 600' FWL SEC. 4, T18S, R32E	10. FIELD AND POOL, OR WILDCAT PEARSALL QUEEN
14. PERMIT NO. API # 30-025-00837	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4, T18S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3878' GL	12. COUNTY OR PARISH LEA
	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☒
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐

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.*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7-26-94 PULLED RODS AND PUMP OUT. RAN NEW PUMP AND RODS BACK IN (REARRANGED RODS AT MID STRING). REPACKED STUFFING BOX. RESPAVED WELL. HUNG WELL ON. PUMP ACTION GOOD. RIGGED DOWN AND CLEANED LOCATION. REPLACED CSA VALVE.

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

SIGNER *Ray Smith*
(This space for Federal or State office use)

TITLE

LEASE RECORDS

DATE 8-24-94

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side