

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on  
reverse side)

Form approved.  
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 formation.  
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<br>PEARSALL QUEEN SAND UNIT                     |
| 2. NAME OF OPERATOR<br>C.E. LARUE & B.N. MUNCY, JR.                                                                                    | 8. FARM OR LEASE NAME<br>PEARSALL QUEEN SAND UNIT                      |
| 3. ADDRESS OF OPERATOR<br>PO BOX 470 ARTESIA, NM 88211-0470                                                                            | 9. WELL NO.<br>TRACT 1 WELL #1                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface | 10. FIELD AND POOL, OR WILDCAT<br>PEARSALL QUEEN                       |
| UNIT LETTER H: 1980' FNL & 660' FEL                                                                                                    | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>SEC. 5, T18S, R32E |
| 14. PERMIT NO.<br>30-025-00840                                                                                                         | 12. COUNTY OR PARISH<br>LEA                                            |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>3858' GL                                                                             | 13. STATE<br>NE                                                        |

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 COMPLETE <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) TEMPORARY ABANDONMENT <input type="checkbox"/> |                                          |
| (Other) <input type="checkbox"/>             |                                               |                                                        |                                          |

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.)

PLAN TO RECOMPLETE WELL IN THE NEAR FUTURE, AS CASH FLOW AND OIL PRICES WILL ALLOW.  
HEREBY REQUEST APPROVAL TO CONTINUE TA STATUS FOR A PERIOD OF @ 6 MONTHS.

RECEIVED  
APR 1 11 58 AM '94  
BUREAU OF LAND MGMT.  
HOBBS, NM.

TA APPROVED FOR 6 MONTH PERIOD  
ENDING 10/1/94

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

|                                              |                          |              |              |
|----------------------------------------------|--------------------------|--------------|--------------|
| SIGNED <i>C.E. Larue</i>                     | TITLE C.E. LARUE         | OPERATOR     | DATE 3-30-94 |
| (This space for Federal or State office use) |                          |              |              |
| APPROVED BY (ORIG. SGD.) JOE G. LARA         | TITLE PETROLEUM ENGINEER | DATE 5/19/94 |              |
| CONDITIONS OF APPROVAL, IF ANY:              |                          |              |              |

further TA approval will require a casing integrity test.

\*See Instructions on Reverse Side

**RECEIVED**

**MAY 20 1994**

**JOHN HODGINS  
OFFICE**