

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other Instructions on re-
verse 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 WELL ☐ GAS WELL ☐ OTHER		7. UNIT AGREEMENT NAME Pearsall Queen Sand Unit
2. NAME OF OPERATOR C. E. LaRue and B. M. Muncy, Jr.		8. NAME OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 196, Artesia, New Mexico 88210		9. WELL NO. Tract 1 #1 A No 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from North line and 660' from East line. Section 5, T 18 N R 32 E		10. FIELD AND POOL OR WILDCAT Pearsall Queen
14. PERMIT NO.	15. ELEVATIONS (Show whether DE, RT, GS, etc.)	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA 18, 32, 18
		12. COUNTY OR PARISH 13. STATE 18, N.

16. 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) ☐	

(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.) *

Well has been shut down because tubing is stuck and because of excess water production. Propose to go in, circulate tubing, clean and put back on production in June, 1975.

nonconfidential

Dec 1, 1975

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

SIGNED _____ by SJ TITLE Operator DATE 10/25/74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

JIM SIMS
ACTING DISTRICT ENGINEER