

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION

P.O. BOX 1980

HOBBY, NEW MEXICO

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL NO.

NM40450

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR C.E. LARUE		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR PO BOX 470		8. FARM OR LEASE NAME WALKER
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1954' FNL AND 527' FWL SEC. 5, T18S, R32E		9. WELL NO. 2
14. PERMIT NO. API # 30-025-00841		10. FIELD AND POOL, OR WILDCAT PEARSALL QUEEN
15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3854.6 GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 5, T18S, R32E
		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:

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.) *

7-22-94 TRIED TO LONG STROKE PUMP. PUMP STUCK DUE TO PARAFFIN. WAIT ON HOT OILER. RIGGED UP I & W TRUCK. PUMPED HOT WATER DOWN CASING. UNSEAT PUMP. TRIPPED OUT OF HOLE WITH RODS. PULLED 500' OF RODS. RAN CLAIBORNE KNIFE. PULLED OUT OF HOLE WITH 2- 2 X 1 -- 6 X 3/4 SUBS, 142- 3/4" RODS, 2' X 3/4" SUB AND 2 1/2 X 2 X 12 PUMP. WAIT ON HOLD DOWN FOR PUMP AND RODS. HUNG WELL ON. GOOD PUMP ACTION. RIGGED DOWN AND CLEANED LOCATION. PUT WELL ON PRODUCTION.

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