

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

8910886380 LE 063395

INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐	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 3 WELL #2
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
UNIT LETTER B: 660' FNL & 1980' FEL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 5, T18S, R32E
14. PERMIT NO. 30-025-00843	12. COUNTY OR PARISH LEA
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3871' GL	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	☐
FRACTURE TREAT	☐
SHOOT OR ACIDIZE	☐
REPAIR WELL	☐
(Other)	☐

PULL OR ALTER CASING	☐
MULTIPLE COMPLETE	☐
ABANDON*	☐
CHANGE PLANS	☐

WATER SHUT-OFF	☐
FRACTURE TREATMENT	☐
SHOOTING OR ACIDIZING	☐
(Other) SHUT IN WELL	☐
REPAIRING WELL	☐
ALTERING CASING	☐
ABANDONMENT*	☐

(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 A PERIOD OF @ 6 MONTHS.

APPROVED FOR 6 MONTH PERIOD
ENDING 10/1/94

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

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

SIGNED C.E. Larue 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

CONDITIONS OF APPROVAL, IF ANY:

DATE 5/19/94

Further SI approval will require a casing integrity test.

*See Instructions on Reverse Side

RECEIVED

MAY 20 1994

JOE HODDS
OFFICE