

**N.M. OIL CONS. COMMISSION**  
**UNITED STATES P.O. BOX 1980**  
**DEPARTMENT OF THE INTERIOR NEW MEXICO 88240**  
**BUREAU OF LAND MANAGEMENT**

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR C.E. LARUE</p> <p>3. ADDRESS OF OPERATOR PO BOX 470 ARTESIA, NM 88211-0470</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' FSL AND 1650' FWL SECTION 5, T18S, R32E</p> <p>14. PERMIT NO. API # 30-025-00845</p> <p>15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3817 GL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. 8910086380 <i>LC-0698</i></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME PEARSALL QUEEN SAND UNIT</p> <p>8. FARM OR LEASE NAME PEARSALL</p> <p>9. WELL NO. TR. 8A #2</p> <p>10. FIELD AND POOL, OR WILDCAT PEARSALL QUEEN</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 5, T18S, R32E</p> <p>12. COUNTY OR PARISH LEA</p> <p>13. STATE NM</p>
---	--

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

NOTICE OF INTENTION TO:

<p>TEST WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREAT <input type="checkbox"/></p> <p>SHOOT OR ACIDIZE <input type="checkbox"/></p> <p>REPAIR WELL <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>MULTIPLE COMPLETE <input type="checkbox"/></p> <p>ABANDON* <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>
---	--

SUBSEQUENT REPORT OF:

<p>WATER SHUT-OFF <input type="checkbox"/></p> <p>FRACTURE TREATMENT <input type="checkbox"/></p> <p>SHOOTING OR ACIDIZING <input type="checkbox"/></p> <p>(Other) <input type="checkbox"/></p>	<p>REPAIRING WELL <input checked="" type="checkbox"/></p> <p>ALTERING CASING <input type="checkbox"/></p> <p>ABANDONMENT* <input type="checkbox"/></p>
---	--

(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.)\*

7-25-94 PULLED RODS AND PUMP OUT. RAN PUMP AND RODS BACK IN. REPACKED STUFFING BOX. RESPAVED WELL. HUNG WELL ON. POOR PUMP ACTION. RIGGED DOWN AND CLEANED LOCATION.

7-26-94 PUT WELL BACK ON PRODUCTION.

*J. Lara*  
23 1994

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