

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☒ Dry Hole
well well
2. NAME OF OPERATOR
C.E. LaRue and B.N. Muncy, Jr.
3. ADDRESS OF OPERATOR
PO Box 196 Artesia, NM 88210
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
990' FSL, 1650' FWL
AT SURFACE: Section 5, T18S, R32E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☒

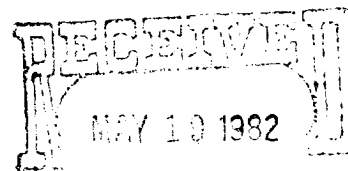
(other) ☐ ran 4 1/2" casing

5. LEASE
LC 064098
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Pearsall Queen Sand Unit J. C. H.
8. FARM OR LEASE NAME
Walker
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Pearsall Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 5, T18S, R32E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3817' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Moved rig on location, cleaned out existing well to a depth of 3980', ran Sidewall Neutron Gamma Ray and Dual Laterolog Micro Laterolog, which indicated potential oil production from 3430'-3445' and 3700'-3740'. Ran 3780' of 4 1/2"-10 1/2# Casing, and cemented with 220 Sacks Pacesetter C w/2% Cacl and 130 sacks Class C. May 16, 1982.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Peter W. Chester TITLE Operator DATE May 17, 1982

ACCEPTED FOR RECORD (This space for Federal or State office use)	
APPROVED BY PETER W. CHESTER	TITLE DATE
MAY 2 1983	

RECEIVED

MAY 3 1983

1981 S. HOBBS OFFICE