

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO O. C. C.
SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 061153

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

TR 9

8. FARM OR LEASE NAME

Pearsall Queen Sand Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pearsall Queen

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Section 5, T 18, R 32

12. COUNTY OR PARISH

Lea

13. STATE

N.Mex.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

C.E. LaRue & B.N. Muncy, Jr.

3. ADDRESS OF OPERATOR

P. O. Box 196 Aretsia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2330 FNL & 330 FEL; Section 5, T 18, R 32

2310/S

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3847 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

plumbing for casing leak survey

(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.)*

Installed necessary plumbing for casing leak survey.

Two inch was plumbed to surface with a braiding head connection consisting of a 2000# valve. At or above the surface, a one inch swage was connected to a one inch 2000# valve.

Inspected and approved by Ms. W. Kelly, March 22, 1979.

RECEIVED

APR 24 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

TITLE

Overseer

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 24 1979

J. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO