

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 029403(2)

6. IF 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 reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

|   |   |
|---|---|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | 7. UNIT AGREEMENT NAME<br>TR # 2A Well 2K                                   |
| 2. NAME OF OPERATOR<br>C.E. LaRue & B.N. Muncy, Jr.   | 8. FARM OR LEASE NAME<br>Pearsall Queen Sand Unit                           |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 196 Aretsia, New Mexico 88210   | 9. WELL NO.<br>2  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface 2280<br>2310 FSL & 3210 FWL; Section 5, T 18S, Range 32E | 10. FIELD AND POOL, OR WILDCAT<br>Pearsall Queen                            |
| 14. PERMIT NO.  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Section 5, T 18S, R 32E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3850 GL   | 12. COUNTY OR PARISH<br>Lea   |
|   | 13. STATE<br>New Mex.   |

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

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:   |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>   | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>  | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) plumbing for casing leak surveyX  |  |
| (Other) _____                                |   | (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

ACCEPTED FOR RECORD  
DATE

(This space for Federal or State office use)

APR 24 1979

APPROVED BY

TITLE

J. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

CONDITIONS OF APPROVAL, IF ANY: