

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 ☐
well well other

2. NAME OF OPERATOR

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

3. ADDRESS OF OPERATOR

P. O. Box 470, Artesia, New Mexico 88210

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 660' FWL of Section 5,
AT TOP PROD. INTERVAL: T-18-S, R-32-E, NMPM
AT TOTAL DEPTH:16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐
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5. LEASE

NM-40450

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

WALKER FEDERAL

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Pearsall San Andres

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

Section 5, T-18-S, R-32-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3816.1' 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.)*

Well spudded 8/3/84. Ran 1010' of 8 5/8" 24# J-55 casing, and cemented with 525 sacks Class C w/2% CaCl and 1/4# Floseal. Circulated 185 sacks to pit on 8/4/84. Waited 18 hours on cement, tested pipe @ 1000# for 30 minutes with no leakage on 8/5/84.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Operator DATE August 6, 1984

ACCEPTED FOR RECORD (Leave space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 10 1984

C. E. LaRue

NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

AUG 13 1984

O.C.D.
HOBES OFFICE