N. M. O. C. C. COPY

Form 9-331
(May 1963)

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.
LC 070869

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.)

7. UNIT AGREEMENT NAME

1. OIL WELL ☐ GAS WELL ☐ OTHER Secondary Recovery Operations

8. FARM OR LEASE NAME
White Federal

2. NAME OF OPERATOR
Graridge Corporation

9. WELL NO.
1

3. ADDRESS OF OPERATOR
P. O. Box 752, Breckenridge, Texas 76024

10. FIELD AND POOL, OR WILDCAT
North Mason (Delaware)

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
330' FS & E Lines of NE 1/4 Section 26
T-26, R-31, Eddy County, New Mexico.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-T26-R31E

14. PERMIT NO.
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15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3138' DF

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) Secondary Recovery Operations ☐		(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.)*

Propose to retain this well in its present status for future secondary recovery operations.

Waiting on cmt.

RECEIVED
MAR 16 1964
O. C. C.
ARTESIA, OFFICE

RECEIVED
MAR 12 1964
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Charles H. Smith TITLE Office Manager DATE March 10, 1964

(This space for Federal or State office use)
APPROVED BY TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

APR 13 1964
H. L. SEE
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side