

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM 0510068

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

El Ojo

9. WELL NO.

El Ojo No. 1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 24, T21N, R3W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

1. OIL ☒ GAS ☐ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

Michael P. Grace

3. ADDRESS OF OPERATOR

P. O. Box 1418 Carlsbad, New Mexico 88500

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

460' FNL; 660' FNL Section 24, T21N. R3W

14. PERMIT NO.

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

7236' GR

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) Temp Abandonment

(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.)\*

4/26/75 Filled pits on above lease.

APPROVED FOR PERIOD  
NOT TO EXCEED 1 YR. - JWL

APPROVED

MAY 12 1975

JERRY W. LONG  
DISTRICT ENGINEER

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

SIGNED

Agent

TITLE

DATE

5/8/75

(This space for Federal or State use only.)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: