## UNITED STATES SUBMIT IN TRIPLICATE\*

Form approved. Budget Bureau No. 42-R1424.

| DEPARTMENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY   |  |                              | 5. LEASE DESIGNATION AND SERIAL NO.   |
|---|--|------------------------------|---|
|   |  |                              | IM 0510065 0510079  |
| 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.) |  |                              | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| OIL TY CAS OTHER  |  |                              | 7. UNIT AGREEMENT WAME  |
| 2. NAME OF OPERATOR   |  |                              | 8. FARM OR BEASE NAME   |
| Corimo Graco Michael P. Grace   |  |                              |   |
| P. O. Box 1418, Carlsbad, New Mexico 80220  |  |                              | 9. WELL NO.   |
| 4. LOUATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At succase   |  |                              | Eagle Mesa # 1 10. FIELD AND POOL, OR WILDCAT   |
| 1980 - FWL, 1980 + FSL, Sec. 26, T. 20 H, R. 4 W, N.M.P.M.  |  |                              | Wildcat   |
| 1768 1768   |  |                              | SURVEY OR AREA  |
| 14. PERMIT NO. 15. BLEVATIONS (Show whether D   |  | DV PT CV ota)                | Sec. 26, T. 20 N, R. 4 M  |
|   | 58651 GR   | Dr, Mt, On, Co.              |   |
| 16. CL  |  |                              |   |
| Cho   | eck Appropriate Box To Indicate                      | Nature of Notice, Report, or | Other Data  |
| NOTICE (  | OF INTENTION TO:                                     | SUBSE                        | QUENT 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)   |  | Completion or Recom          | ts of multiple completion on Well pletion Report and Log form.) s, including estimated date of starting any |
|   | to a depth of 310 feet a<br>cement was used and circ |                              |   |
|   |  |                              |   |
| metal particles in cement at bottom of hole, a cable tool unit drill out cement and drill approx. 100 feet of hole.   |  |                              | , 10 501113 6300 60   |
| Surface casing se   | t March 19, 1974.                                    |                              |   |
|   |  | RECE                         |   |
|   |  | MAY MAY                      | 2 9 1874<br>CON. COM.   |
|   |  | OIL                          | 0151.   |
| 18. I hereby certify that the fore  | going is true and downst                             |                              |   |
| SIGNED //A///   |  | eologist                     | DATE Nay 21, 197/;  |
| (This space for Federal or Sa   | ate office use)                                      |                              |   |
| APPROVED BYCONDITIONS OF APPROVA  | L, IF ANY:   |                              | DATE  |

\*See Instructions on Reverse Side