

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-verse side)

Form Approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
NM 29342

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
N/A

7. UNIT AGREEMENT NAME  
Carracas Canyon

8. FARM OR LEASE NAME  
Federal Carracas Canyon

9. WELL NO.  
1-26

10. FIELD AND POOL, OR WILDCAT  
Wildcat All Group

11. SEC. T., R., W., OR BLK. AND  
SURVEY OR AREA  
Sec [REDACTED]

12. COUNTY OR PARISH 13. STATE  
Rio Arriba NM

1. OIL ☐ GAS ☒ OTHER Re-Entry

2. NAME OF OPERATOR  
Celeste C. Grynberg

3. ADDRESS OF OPERATOR  
5000 S. Quebec St., Ste 500, Denver, CO 80237

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

1060' FNL & 805' FWL

14. PERMIT NO.  
30-039-07991

15. ELEVATIONS (Show whether OF, RT, OR, etc.)  
7090' G.L. (7107' Record G.L.)

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 COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Re-Entry Operations

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

EXPANDING WELL

ALTERING CASING

ABANDONMENT\*

X

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.)\*

10/23/90

Well is currently S.I. Grynberg plans no further operations until next spring or summer, at which time repair work and further testing is planned.

RECEIVED

DEC 17 1990

OIL CON. DIV  
DIST. 3

THIS APPROVAL EXPIRES JUL 01 1991

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

SIGNED

TITLE Manager, Reservoir Eng.

DATE 10/23/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DEC 04 1990

AREA MANAGER

\*See Instructions on Reverse Side