UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 29342

6. If Indian, Allottee or Tribe Name

NA

7. If Unit or CA, Agreement Designation

Carracas Canyon

8. Well Name and No. CARRACHS

Federal 1-26 Mesa Ut.

9. API Well No.

30-039-07991   26 #1

10. Field and Pool, or Exploratory Area

Wildcat

11. County or Parish, State

Rio Arriba, NM   Mesa GA

1. Type of Well
☐ Oil Well   ☒ Gas Well   ☐ Other

2. Name of Operator

Celeste C. Grynberg

3. Address and Telephone No.

5000 S. Quebec Street, Suite 500, Denver, CO 80237 (303)850-7490

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1060 FNL, 805 FWL Sec 26, T32N, R5W

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2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☒ Change of Plans
	☐ Recompletion	☐ New Construction
☐ Subsequent Report	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
☐ Final Abandonment Notice	☐ Altering Casing	☐ Conversion to Injection
	☐ Other _____	☐ Dispose Water

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

13. 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.)*

We have decided to conduct a production test on this well and if warranted, put the well on production.

May we have a 60/90 day extension to accomplish this.

Submitted after discussion with Ken Townsend on 4/19/95.

RECEIVED
JUN - 5 1995
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES   SEP 0 1 1995

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

Signed _____   Title President   Date 4/22/95

(This space for Federal or State office use)

Approved by _____   Title _____   Date _____

Conditions of approval, if any:

APPROVED

MAY 30 1995

*See Instruction on Reverse Side

DISTRICT MANAGER

NMOCD