

C15F
DA

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088
Santa Fe, New Mexico 87504-2088
O. C. D.

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

ARTESIA, OFFICE

| | |
|------------------------------|--|
| WELL API NO. | 30-015-20798 |
| 5. Indicate Type of Lease | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |

| | |
|---|---|
| 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" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | 7. Lease Name or Unit Agreement Name Grace Atlantic |
| 2. Name of Operator Corinne B. Grace | 8. Well No. 1 |
| 3. Address of Operator P. O. Box 1418, Carlsbad, New Mexico 88220 | 9. Pool name or Wildcat South Carlsbad Morrow |
| 4. Well Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>22S</u> Range <u>26E</u> NMPM <u>Eddy</u> County | 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3162 GR |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

| | | | |
|---|---|---|---|
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: _____ <input type="checkbox"/> | | OTHER: _____ <input type="checkbox"/> | |

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Repair or replace 2 1/16th in. tubing string (11,352').
Plan to rig up snubbing unit to pull tbg. and find leak
(on or about) August 10, 1990. Will replace bad tbg. or packer
as necessary.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE Agent DATE Aug. 9, 1990

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II TITLE _____ DATE AUG 9 1990

APPROVEE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____