

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO U. S. G. S.
SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-12413
2. NAME OF OPERATOR Grace Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Drawer 2358, Midland, Texas 79702		7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 660' FSL & 330' FEL		8. FARM OR LEASE NAME Hi-Yo Silver Federal
14. PERMIT NO. Letter dated 7-14-78		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3579' GR		10. FIELD AND POOL, OR WILDCAT Undesignated
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-19-S, R-32-E
		12. COUNTY OR PARISH Lea
		13. STATE N. M.

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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

10-13-78 POH LD rods. POH w/tbg. Set WL CIBP @ 2930'.

10-14-78 RIH w/WL Bailer & capped CIBP w/35' of cmt.

10-16-78 Ran Freepoint. Indicated freepoint @ 1100' FS. Worked freepoint down to 1540' FS. Cut-off 5½" csg @ 1540' & POH LD. RIH w/tbg.

10-17-78 Spotted 30 sx cmt plug @ 1590'. Picked up tbg to 1230' & spotted 30 sx cmt plug.

10-18-78 Tagged top of cmt plug @ 1120'. POH w/tbg. Spotted 6 sx cmt @ surf. Installed marker.

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

SIGNED Buddy J. Knight TITLE District Production Manager DATE 2-8-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
JUN 13 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

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JUN 19 1979

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C.