

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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

5. Lease Designation and Serial No.  
NM-12413

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**SUBMIT IN TRIPLICATE**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
Grace Petroleum Corporation

3. Address and Telephone No.  
6501 N. Broadway, Oklahoma City, OK 73116 (405) 840-6620

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
660' FSL & 660' FEL Section 25-19S-32E unit P

8. Well Name and No.  
Andaway 25 Federal #1

9. API Well No.  
30-025-31327

10. Field and Pool, or Exploratory Area  
South Salt Lake *Deerwinn*

11. County or Parish, State  
Lea County, NM *N.M.*

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

TYPE OF SUBMISSION

- Notice of Intent  
 Subsequent Report  
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment  
 Recompletion  
 Plugging Back  
 Casing Repair  
 Altering Casing  
 Other \_\_\_\_\_
- Change of Plans  
 New Construction  
 Non-Routine Fracturing  
 Water Shut-Off  
 Conversion to Injection  
 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.)\*

- (1) Hole size for 8-5/8" intermediate casing has been changed from 12-1/4" to 11".  
(2) Setting depth of 8-5/8" intermediate casing has been changed from 5000' to 4500'.

Note: Both changes shown above were verbally authorized by Mr. Adam Salameh.

RECEIVED  
 AUG 9 11 27 AM '91  
 CARLETON COUNTY OFFICE  
 AREA

COPIED FOR RECORD  
*Allen*  
AUG 7 1991

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

Signed *SA Butsch* Title District Operations Manager Date 8/5/91

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Conditions of approval, if any: \_\_\_\_\_