

1160-5  
(November 1983)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
reverse side)

FE\*

Budget Bureau No. 1004-0125  
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-20388</b>
2. NAME OF OPERATOR <b>Celeste C. Grynberg</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>N/A</b>
3. ADDRESS OF OPERATOR <b>5000 S. Quebec, Suite 500, Denver, CO 80237</b>		7. UNIT AGREEMENT NAME <b>N/A</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FSL, 660' FEL NE 1/4 SE 1/4</b>		8. FARM OR LEASE NAME <b>Javelina Federal</b>
14. PERMIT NO.		9. WELL NO. <b>#1</b>
15. ELEVATIONS (Show whether OF, RT, GR, etc.) <b>3129' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>Talco Strawn</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 3, T26S-R35E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>NM</b>

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Shut-In</u> <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.) \*

We would like to request a continuance of shut-in status due to lack of market and pipeline connection.

The shut-in pressure of the well head is 1980 psi.

This lease is being maintained in an active status beyond its primary term by the annual payment of a \$ 640.00 Minimum Royalty payment due on or before April 1, of each year. Attached is a copy of the most recent payment made on behalf of this Lease, received by the Minerals Management Service on February 12, 1988.

ACCEPTED FOR RECORD

SEP 19 1991

CARLSBAD, NEW MEXICO

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

SIGNED

*Judson W. Vandertoll*  
**Judson W. Vandertoll**

TITLE

**Drilling Coordinator**

DATE **3/30/88**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RECEIVED  
APR 25 9 16 AM '88  
CARLSBAD, NEW MEXICO  
AREA HEADQUARTERS