

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0372996

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Hills

9. WELL NO.

2-Y

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 25, T21S, R24E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Corinne Grace

OCT 8 1974

3. ADDRESS OF OPERATOR

P. O. Box 1418, Carlsbad, New Mexico 88220 O. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2016' FSL & 2014' FWL Section 25, T21S, R24E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3649.4 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

October 1, 1974

Drilled to a T. D. of 3528'. Dresser Atlas logged to a depth of 3527'. Logs indicated 1 probable zone for production and 1 more possible zone. Moved Cactus rig in order to test this zone and follow geologist instructions with earliest completion rig available. Understand operator is seeking larger rig to drill to Morrow formation.

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

SIGNED

TITLE

Agent

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

*See Instructions on Reverse Side