Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) UNITED STATES

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. NM 012833

GEOLO	GICAL	SURVEY
-------	-------	--------

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.)	G. F. INDIAN, ADDOLLER OR TABLE WASIE
OIL GAS WE'LL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR HAN - SAN INC.	8. FARM OR LEASE NAME Grevey
3. ADDRESS OF OPERATOR 1112 So. Copper Deming, New Mixico 88030	9. WELL NO. 4-X
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 335 FWL 1870 FSL S 26 T 26NR1E JUN 22 1982	Puerto Chiquito East 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 26 T26 N R1E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7691 Gr.	12. COUNTY OR PARISH 13. STATE Rio Arriba N Mex
16. Check Appropriate Box To Indicate Nature of Notice, Report, or C	Other Data

NOTICE OF INTENTION TO:		1	SUBSEQUENT REPORT OF:					
TEST WATER SHUT-OFF		PULL OR ALTER CASING MULTIPLE COMPLETE			WATER SHUT-OFF FRACTURE TREATMENT		REPAIRING WELL ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING		ABANDON MENT*	
REPAIR WELL		CHANGE PLANS			(Other)			
(Other)					(Note: Report res Completion or Reco	ults of multiple mpletion Report	completion on Well and Log form.)	ì

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.)*

Change Well No. From Grevey 4X to Grevey #4 Y

Attached TOTCO survey. Run June 21,1982 0-500 3/4 degree Diav. 500 - 1000 1/2 degree. 1000-1500 3/4 degree 1500 to T.D 1 degree.

IFFICIAL SEAL

MARY ALICE LOWE

TARY PUBLIC-STATE OF NEW MEXIC

Ny Commission Expires 6-23-86

DATE

W. K. Hand		
18. I hereby certify that the foregoing is true and correct	TITLE Pres.	DATE 6
(This space for Fideral or State office use)		

APPROVED BY

CONDITIONS OF APPROV

DISTRICT ENGINEER

*See Instructions on Reverse Side

NMOCC