

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. L-1651
7. Unit Agreement Name N/A
8. Farm or Lease Name State "AI"
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat
12. County Lea

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Corinne B. Grace

Address of Operator
P. O. Box 1418, Carlsbad, New Mexico 88220

Location of Well
UNIT LETTER P 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 20 TOWNSHIP 10S RANGE 33E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4250 GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUS AND ABANDON ☒	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUS AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

PBTD @ 4485 Perfs @ 4403'-4475' (2nd Proposal)

Proposed Plugging Procedure

1. Set CIBP @4380'.
2. Displace hole with 3% Gelled Water.
3. Spot 50 sk. Class "H" Cement plug on top of CIBP.
4. Perf 4 Shots P/Ft. @ 1685'.
5. Squeeze with 300 sks. Class "H" + 2% CaCl & Tag Plug.
6. Set 10 sk. Class "H" + 2% CaCl @ surface.
7. Install dry hole marker.
8. Cut off deadmen.
9. Clean location.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Mike Butts TITLE Agent DATE 2/8/88

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR DATE FEB 11 1988
CONDITIONS OF APPROVAL, IF ANY: