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DISTRIBUTION			Supersedes Old
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State x Fee
OPERATOR			5, State Oil & Gas Lease No.
SUN	DRY NOTICES AND REPORTS OF	N WELLS	
(DO NOT USE THIS FORM FOR USE "APPLI	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG CATION FOR PERMIT -" (FORM C-101) FOR SI	BACK TO A DIFFERENT RESERVOIR. UCH PROPOSALS.)	
OIL GAS WELL 2. Name of Operator	OTHER-		7. Unit Agreement Name
Gorinne Grace			8. Farm or Lease Name PUNCH
3. Address of Operator			9. Well No.
P. O. Box 14	18, Carlsbad, New Mexico		1
	1980 South	1980	10. Field and Pool, or Wildcat RANGER LAKE SAN ANDRES
ONE CENTER		LINE AND FEET I	FROM THE
THE East LINE, SE	CTION 11 TOWNSHIP 12S	34E	MPM. (())
	15. Elevation (Show whether	er DF, RT, GR, etc.)	12. County Lea
16. Chec	k Appropriate Box To Indicate	Nature of Notice, Report or	Other Data
	INTENTION TO:		ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	
TEMPORARILY ABANDON	Too and abandon	COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
		OTHER Drilling rep	port
OTHER			
This well is now water sands from on May 11, 1974 s progress. This p of 9 5/8" csg. on run this 9 5/8". to specifications	at a depth of 350'. They approx 60' on down to this o that they could drill to pipe will be pulled back of June 11, 1974 - hole had If this puts us through a - if not will continue to pth and cement. Plan to	y have had trouble dril is depth. We ran 140' through it as they were out later. Planned to d filled up - now clear the water zone we will to drill until through	of 13 3/8" casing e not making much run and hang 350' ning it out and will l cement according the water and set
			*
E. I hereby cerpify that the informat	ion above is true and complete to the best	of my knowledge and belief.	
IGNED Justila.	April TITLE	Agent	June 17, 1974
	Orig. Signed by		
2220	Joe D. Ramey		
PPROVED BY	Dist. I, Sapr.		DATE

CONDITIONS OF APPROVAL, IF ANY: