

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
OPERATOR	/

RECEIVED
 NEW MEXICO OIL CONSERVATION COMMISSION
 DEC 3 1969
 O. O. I.
 ARTESIA OFFICE

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-4321
7. Unit Agreement Name
8. Farm or Lease Name State
9. Well No. 1
10. Field and Pool, or Wildcat Undes. Double L Queen
12. County Chaves

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>
2. Name of Operator Corinne Grace
3. Address of Operator c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico
4. Location of Well UNIT LETTER A , 330 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 1 TOWNSHIP 15S RANGE 29E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Spudded 8:30 PM 11/24/69. Cemented 8 5/8" 28# used casing at 296 feet with 260 sacks regular 2% Calcium Chloride. Circulated out approximately 100 sacks. Plug down 2:12 PM 11/25/69. WOC 58 hours and tested casing with 600# for 30 minutes, test O.K.

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

SIGNED <u><i>H. L. Smith</i></u>	TITLE <u>Agent</u>	DATE <u>12/2/69</u>
APPROVED BY <u><i>W. A. Gressett</i></u>	TITLE <u>SEALING OFFICER</u>	DATE <u>DEC 3 1969</u>

CONDITIONS OF APPROVAL, IF ANY: