

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

USA-NM 9542

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL "GR"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Eagle Creek, S.A.

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

Sec. 28, T 17 S - R 25 E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. ☐ OIL  
WELL ☒ GAS  
WELL ☐ OTHER

2. NAME OF OPERATOR

Jack J. Grynberg

3. ADDRESS OF OPERATOR

1050-17th Street, Suite 1950, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

330' FWL 2310' FSL (NW SW)

Section 28, T 17 S - R 25 E

14. PERMIT NO.

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

3579' GL 3588' KB

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) Treatment

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.)\*

See attached treatment report.

RECEIVED

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OCT - 4 1974

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U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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ARTESIA, NEW MEXICO

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

SIGNED

Cecil Gritz

TITLE Drilling & Production Mngr. DATE 9/27/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DISTRICT ENGINEER

DATE