

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

AUG 13 1982

O. C. D.
ARTESIA OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fed <input type="checkbox"/>
5. State Oil & Gas Lease No. L-5230	

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name So. Cottonwood Draw Unit
2. Name of Operator Celeste C. Grynberg ✓		8. Farm or Lease Name So. Cottonwood Draw Unit
3. Address of Operator 1050 17th Street, Suite 1950, Denver, Colorado 80265		9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>1980</u> FEET FROM THE <u>West</u> LINE AND <u>660</u> FEET FROM THE <u>S</u> LINE, SECTION <u>29</u> TOWNSHIP <u>16 South</u> RANGE <u>24 East</u> WMPM.		10. Field and Pool, or Wildcat Wildcat Atoka
15. Elevation (Show whether DF, RT, GR, etc.) 3691' GR		12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:
REMEDIAL WORK <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input checked="" 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.

4/14/82 - 4/19/82: Pulled out tubing, packer and bridge plug. Well is currently shut-in with both Atoka and Wolfcamp perforations open.

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

SIGNED Nancy Stoltz TITLE Agent DATE 8/10/82

APPROVED BY _____ TITLE _____ DATE _____