Submit 3 Copies to Appropriate District Office

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM RR240

CONDITIONS OF APPROVAL, IF ANY

OIL CONSERVATION DIVISION

ral Resources Department
Form C-103
Revised 1-1-89

P.O. Box 1980, Hobbs, NM 8	8240	P.O. Box 2088		WELL API NO.
DISTRICT II P.O. Drawer DD, Artesia, NM	San	r.O. Box 21 ta Fe, New Mexico	/88 30 00 00 00 00 00 00 00 00 00 00 00 00	
DISTRICT III	33213	,	- 0.00 V <b>2000</b>	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, N				6. State Oil & Gas Lease No.  K-6290
SUND ( DO NOT USE THIS FORM	RY NOTICES AND F	REPORTS ON WE	LLS	
	INT RESERVOIR. USE */ (FORM C-101) FOR SU	APPLICATION FOR PR	N OR PLUG BACK TO A . ERMIT"	7. Lease Name or Unit Agreement Name
I. Type of Well: Oil. Well.	GAS WELL		r Dianogal	Salty Bill
2. Name of Operator	nne Grace	wate	r Disposal	8. Well No.
3. Address of Operator	ine gracev			. 1
P.O. 4. Well Location	Box 1418,Car	lsbad, New	Mexico 88220	9. Pool name or Wildcat
Unit LetterC	: 660 Feet From	The North	Line and198	0 West Line
Section 36	Township	22S Ra	26E	Fddy
	10.1	Elevation (Show whether	DF, RKB, RT, GR, etc.)	County
11.	Check Appropriate	Box to Indicate 1	Nature of Notice Pa	eport, or Other Data
NOTICE	OF INTENTION T	O:	SUB:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AN	D ABANDON	REMEDIAL WORK	
EMPORARILY ABANDON	CHANGE	PLANS	COMMENCE DRILLING	ALTERING CASING
PULL OR ALTER CASING				
OTHER:			CASING TEST AND CEI	MENT JOB []
12. Describe Proposed or Comple	ted Operations (Clearly state	e all pertinent details and		ing estimated date of starting any proposed
				ng estimated date of starting any proposed
	, 1990 throug			
lined to	ubing. Circul	ate packer	d 56 Joints 2 fluid and set	hole with reverse unit. 2 7/8" 6.50# plastic 5 packer @ 1736' with 5 nessed by OCD Rep.)
		[	C 300#. (WIC	messed by OCD Rep.)
hereby certify that the information ab	ove is true and complete to the b	est of my knowledge and be	lief.	
SIGNATURE	Herber	ппе	Agent	DATE _ 8/15/90
YPE OR PRINT NAME				
This space for State Use)	ORIGINAL SIGNED	ВУ		TELEPHONE NO.
	MIKE WILLIAMS			Allo 2 1 1000
PPROVED BY	SUPERVISOR, DIST	RICT II TIME		AUG 2 1 1990