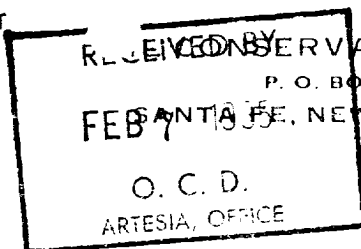


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.O.S.	
LAND OFFICE	
OPERATOR	<input checked="" type="checkbox"/>



Form C-103
Revised 10-1-73

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. K-675 & Fee
7. Unit Agreement Name
8. Farm or Lease Name City of Carlsbad Com.
9. Well No. 1
10. Field and Pool, or Wildcat S. Carlsbad Morrow
12. County Eddy

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator
Corinne Grace ✓

Address of Operator
P. O. Box 1418, Carlsbad, New Mexico 88220

Location of Well
UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 25 TOWNSHIP 22S. RANGE 26E. T11PM.

15. Elevation (Show whether DF, RT, CR, etc.)
3226 DF

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

Perforate 11,370-80 - 21 holes and 11,460-70 - 21 holes. Perforations were treated by pumping 2000 gal 7½% Mor-flo acid with ball sealers and 84000 SCF nitrogen to stimulate resevoir.

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

SIGNED Billy Miller TITLE Agent DATE February 5, 1985

APPROVED BY Leslie A. Clements TITLE Supervisor District II DATE FEB 8 1985

CONDITIONS OF APPROVAL, IF ANY: