NO. OF COPIES RECEIVED 2			Form C-103
DISTRIBUTION	<b>₩</b> 🛴 🗇	VED	Supersedes Old
SANTA FE	i)	SERVATION COMMISSION	C-102 and C-103
·			Effective 1-1-65
FILE		i 19 <b>72</b>	5a. Indicate Type of Lease
U.S.G.S.			State Fee Y
LAND OFFICE	1		5. State Oil & Gas Lease No.
OPERATOR	ARTESIA,	i. Okso-	), Dutte Off Q Gas Lease 140.
		<del></del>	mmmmmm/
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	RY NOTICES AND REPORTS ON OPENS TO DRILL OR TO DEEPEN OR PLUG FOR FOR PERMIT - " (FORM C-101) FOR SUC	SACK TO A DIFFERENT RESERVOIR.	
1. OIL GAS KV	OTHER-		7. Unit Agreement Name
2. Name of Operator			8, Farm or Lease Name Go Po Go
Corinne Grace /			
3. Address of Operator			9. Well No.
p. O. Box 1/118 Carlsbad, New Merico			J.
4. Location of Well			10, Field and Pool, or Wildcat
UNIT LETTERG	1980 FEET FROM THE East	LINE AND 1980 FEET FROM	Undergionated
THENorthLINE, SECTION	ON25 TOWNSHIP22	S RANGE 26E NMPM	
	15. Elevation (Show whether	DF. RT. GR. etc.)	12. County
	3194 GR	21, 111, 611, 6101,	
16,	<del></del>		Eddy
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	—,
		OTHER Progress repor	rt
OTHER			
17. Describe Proposed or Completed Opwork) SEE RULE 1 [03.	perations (Clearly state all pertinent det	ails, and give pertinent dates, including	g estimated date of starting any proposed
WORN SEE NOLE 1103.			
9/lı/72 Dresser Atl	as perforated in the Mon	crow the following:	
// -/ != 2====== m==	as portorados en uno no	TOW ONC TOTTOWING.	
11408-416	32 holes		
11460-468			
11518-524			
11532=538 22 holes			
1177E2 750	LE HOTES		
9/16/72 Halliburton	My=T-Fracted perfe w/).	000 gal sand fluid. 10.	000 gal.Mv-T-Gel
9/16/72 Halliburton My-T-Frac'ed perfs w/4000 gal. sand fluid, 10,000 gal.My-T-Gel			
135 sacks 20/40 frac sand, 15 sks 20/40 glass beads, 1500 gal. flush water. All fluid treated w/2% potassium chloride			
water.	ent: 11 bbls. min. @ 800	O noi Joh complete 2:0	1Ω .m. σ. m.
Treatme	int: II bbis. min. @ ood	oo psi. sob comprewer.	D P me
		•	
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19. I hereby certify that the information	above is true and complete to the best	of my knowledge and belief.	
1/1, 1	$\mathcal{V}(1, 1, \dots, 1, \dots)$		1.1.
SIGNED MUNICIO	h. John TITLE (	lgent.	DATE 10/20/72
APPROVED BY	OSSEC TITLE 14	AND GIS THEPECTOR	DATE NOV 2 1 1972

CONDITIONS OF APPROVAL, IF ANY: