ECEIVED

			Form C-193
DISTRIBUTION	OCT 2 6 1972		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103 / Effective 1-1-65
FILE	a. c. c.		
U.S.G.S.	ARTESIA, OFFICE		Sa, Indicate Type of Leane
LAND OFFICE .3			State State Oil & Gan Lease No.
OPERATOR			5, blate (M. & Cal. Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS			
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.)			
OIL GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator Continue Grace C			8. Farm or Lease Name Go Po Go
3. Address of Operator			9. Well No.
P. O. Box 1418 Carlsbad, NEw Merico			# 2 10. Field and Pool, or Wildcat
4. Location of Well G 1980 FEET FROM THE North 1980 FEET FROM			Wildcat
i	22S TOWNSHIP		
	15, Elevation (Show whether 31)	DF, RT, GR, etc.) 52 Gr	12. County Eddy
The Chark A	Appropriate Boy To Indicate N	ature of Notice Report of C	Irher Data
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	ann ant
	<u></u>	OTHER Progress	report
OTHER			
17. Describe Proposed or Completed Opwork) SEE RULE 1103.	erations (Clearly state all pertinent deta	ils, and give pertinent dates, includi	ng estimated date of starting any proposed
Ran 2 7/8" N-80 7.90	O# PH 6 Hydrill tubing t KB	o 11,350'. Otis Perma	Latch packer set
Tubing tested under 7000 psi by Gator Hawk. Blew tubing and casing dry to 11672! then pressured well under 1600 psi. (2200 psi BHP)			
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18. I hereby certify that the information	above is true and complete to the best of	of my knowledge and belief.	
SIGNED Manutur	Louis TITLE	Agent	DATE 9/22/72
- The state of the			
APPROVED BY A A	essett TITLE OIL	AND GAS INSPECTOR	PATE 1972

CONDITIONS OF APPROVAL, IF ANY: