Submit 3 Copies to Appropriate

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

JUN 1 6 1992

- DATE -

District Office	The state of the s	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION	
P.O. Box 2088		WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico 87504-2088	30-015-20464
DISTRICT III	RE DAIVED	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	11.19	STATE FEE X
	UM\_0_992	6. State Oil & Gas Lease No.
SUNDRY NOTI	CES AND REPORTS ON WELLS	
100 NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEDEN COMBINE DE NO DARRIERO		
DITTERM RESER	IVOIR. USE "APPLICATION FOR PERMIT"  101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name
1. Type of Well:	101/1 CH SOCH PHOPOSALS.)	GoPoGo
OR GAS WELL X		901 000
2. Name of Operator	OTHER	
Corinne B. Grace	,	8. Well No.
3. Address of Operator		#2
P.O. Box 1418	Carlsbad, NM 88220	9. Pool name or Wildcat
4. Well Location		South Carlsbad Morrow
Unit Letter G : 1980	Feet From The North Line and 1980	-
	Line and 1900	Feet From The <u>East</u> Line
Section 24	Township 22S Range 26E	N. C.
	10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Eddy County
	3162 GR	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>
11. Check A	ppropriate Box to Indicate Nature of Notice, Re	
NOTICE OF INTE	ENTION TO:	eport, or Other Data
_	SUB:	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	X ALTERING CASING
EMPORARILY ABANDON	CHANGE DI ANG	
PULL OR ALTER CASING	O SMILLING	CO STATE ADMINDING TO
_	CASING TEST AND CE	MENT JOB
OTHER:	OTHER:	
<ol> <li>Describe Proposed or Completed Operation work) SEE RULE 1103.</li> </ol>	ns (Clearly state all persinent details, and give pertinent dates, includi	ng estimated date of starting any proposed
2/25/92 Replaced	4 . 1	
2/23/32 Replaced	d tubing. Installed 11,341' of 2 3/8	" 4.7# N-80.
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handen and for the star left		
hereby certify that the information above is true and	d complete to the best of my knowledge and belief.	. / ;
SIGNATURE MULCIUM MON	Accountant	MATE 4/2/92
Mitch 11 W		DATE
YPEORPRINT NAME Mitchell Mor	ris	телерноме но. 505—887—5581
This space for State Use)		

SUPERVISOR, DISTRICT II

CONDITIONS OF AFPROVAL, IF ANY: