

Form 9-131
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0372996

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)1. OIL ☒ WELL GAS ☐ WELL OTHER ☐

RECEIVED

2. NAME OF OPERATOR

Corinne Grace ✓

APR 21 1975

3. ADDRESS OF OPERATOR

P. O. Box 1418, Carlsbad, New Mexico 88201 D. C. C.

4. LOCATION OF WELL Report location clearly and in accordance with ARTESIA OFFICE.
See also space 17 below.
At surface

2016 EWL & 2014 EWL Section 25, T21S, R24E

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Indian Hills

9. WELL NO.

2-Y

10. FIELD AND POOL, OR WILDCAT

Wildcat *Section*11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA.

Sec. 25, T21S, R24E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3649.4 GR

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

18.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT* ☐(Other) Status Report ☐(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Operator is planning to re-enter this well at the earliest possible date.

RECEIVED

APR 18 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

19. I hereby certify that the foregoing is true and correct

SIGNED

TITLE

Agent

DATE 4/16/75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF

ONLY YES FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL - OCTOBER 1976

DATE

*See Instructions on Reverse Side