

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

RECEIVED

DEC 16 1975

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.

O. C. C.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Corinne Grace	8. Farm or Lease Name Kuklah Baby
3. Address of Operator P. O. Box 1418, Carlsbad, New Mexico 88220	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> . <u>2310</u> FEET FROM THE <u>North</u> LINE AND <u>1650</u> FEET FROM THE <u>East</u> LINE, SECTION <u>24</u> TOWNSHIP <u>22S</u> RANGE <u>26E</u> NMPM.	10. Field and Pool, or Wildcat Undes. So. Carlsbad Delaware
15. Elevation (Show whether DF, RT, GR, etc.) 3185	12. County Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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 JOB <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 1703.

12/16/75

Plan to move pulling unit to this location, pull tubing and set Baker packer at 4473 between original perforations 4446 to 4469 and 4476 to 4484. Will test and swab.

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

SIGNED W. A. Gussert TITLE Agent DATE 12/16/75

APPROVED BY W. A. Gussert TITLE SUPERVISOR, DISTRICT II DATE DEC 17 1975

CONDITIONS OF APPROVAL, ANY: