Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED
AUG 29 '94
OIL CON. DIV.
ARTESIA, OFFICE

Form C-103
Revised 1-1-89

WELL API NO. 30-015-26626

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. K-4474

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.)

7. Lease Name or Unit Agreement Name: Salomeh

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator: Corinne B. Grace

8. Well No. 1

3. Address of Operator: P.O. Box 1418, Carlsbad, N.M. 88221-1418

9. Pool name or Wildcat: Cabin Lake Delaware

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line
Section 36 Township 21S Range 30E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3249.6' GR

11. 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	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

12. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

9/16/91 Halliburton treated perf 5460'-5468' with breakdown fluid of 2000 gallons diesel containing 10 gals HYFLOW-IV. Dropped 30 RCN ball sealers evenly spaced thru job. Flush with 32 bbls. 2% KCL water.

9/21/91 Halliburton fraced perfs 5460'-5468' with 8000 gals Boragel plus 16,500 lbs. 20/40 Ottawa sand.

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

SIGNATURE Mitchell Morris TITLE Accountant DATE 10/18/91

TYPE OR PRINT NAME Mitchell Morris TELEPHONE NO. 887-0558

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE OCT 7 1994

CONDITIONS OF APPROVAL, IF ANY: