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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	L-1582

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Corinne Grace	8. Farm or Lease Name Gradonoco
3. Address of Operator P. O. Box 1418, Carlsbad, New Mexico	9. Well No. 1
4. Location of Well UNIT LETTER H 2500 FEET FROM THE North LINE AND 330 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 23S RANGE 26E NMPM.	10. Field and Pool, or Wildcat South Carlsbad Morrow
15. Elevation (Show whether DF, RT, GR, etc.) 3262 DF	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <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 1103.

June 17, 1973

Reperforated Morrow formation from 11,660' to 11,680' with 2 shots per foot

using 1 9/16" thru tubing gun.

June 18, 1973

Acidized thru perforations 11656'-86' with 1000 gals MCA atomized with 1500 cu. ft.

N2/gal.

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

SIGNED Corinne Grace TITLE Agent DATE 6/12/73

APPROVED BY _____ TITLE _____ DATE _____