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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
JUL 6 1976

O. C. C.
ALBUQUERQUE, OFFICE

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. K-4541	
7. Unit Agreement Name	
8. Farm or Lease Name Sulphate Aunt	
9. Well No. 1	
10. Field and Pool, or Wildcat Wildcat	
12. County Eddy	

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"/>
2. Name of Operator Corinne Grace
3. Address of Operator P.O. Box 1418, Carlsbad, New Mexico 88220
4. Location of Well UNIT LETTER C , 1980 FEET FROM THE West LINE AND 660 FEET FROM THE North LINE, SECTION 3 TOWNSHIP 24S RANGE 27E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3173.2

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"/>	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"/> Progress report	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 1103.

Drilling

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

SIGNED <u>Frances Balderrama</u>	TITLE <u>Agent</u>	DATE <u>7-1-76</u>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		