

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
SUBMIT IN THE
(ORDER INSTRUCT
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0457493

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sulphate Sister

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat *morrow*11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T25S, R26E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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. **RECEIVED**OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Michael P. Grace ✓

DEC - 7 1973

3. ADDRESS OF OPERATOR

P. O. Box 1418, Carlsbad, New Mexico 88220 **O. C. C.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State law or regulation.)

See also space 17 below.)
At surface

1980 FNL & 1980 FWL Section 13, T25S, R26E

14. PERMIT NO.

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

3236

16.

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

SHOOTING OR ACIDIZING

(Other) Progress

ALTERING CASING

ABANDONMENT*

(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.) *

Spudded 11/30/73 at 5:30 p.m. 15' deep

RECEIVED

DEC - 6 1973

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Michael P. Grace

TITLE

Agent

DATE

12/3/73

(This space for Federal or State office use)

DISTRICT ENGINEER

APPROVED BY

[Signature]

TITLE

DATE

DEC 8 1973

CONDITIONS OF APPROVAL, IF ANY: