	N. 1	M. O. C. C. COPY	Capy to St
Form 9-331 (May 1963)	Ul ED STATES	(Other instruction	ATE* Form approved. Budget Bureau No. 42-R1424.
DEPAR	RTMEIL OF THE IN	TERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
	GEOLOGICAL SURVE	ΞΥ	NM 0457493
SUNDRY N	OTICES AND REPOR	RTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
		plug back to a different reservoir. such proposals.)	
Use AFF	LICATION FOR PERMIT— 10F	such proposals.)	
OIL GAS			7. UNIT AGREEMENT NAME
WELL WELL OTHE 2. NAME OF OPERATOR	.в		8. FARM OR LEASE NAME
Michael P. Grace V			
3. ADDRESS OF OPERATOR			Sulphate Sister 9. WELL NO.
P. O. Box 1418, Carlsbad, New Mexico 88220			1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 1980 FWL Section 13, T25S, R26E			10. FIELD AND POOL, OR WILDCAT
			Wildcat
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			Sec. 13, T25S, R26E
14. PERMIT NO.	15. ELEVATIONS (Show whe	ther DF. RT. GR. etc.)	12. COUNTY OR PARISE 13. STATE
	3236	one or, my dis corry	Eddy New Mexico
^{6.} Check	Appropriate Box To India	ate Nature of Notice, Report,	or Other Data
NOTICE OF I	NTENTION TO:	st	BSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MCLTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	L
REPAIR WELL	CHANGE PLANS	(Other)	ag casing
(Other)		Completion or Re	esults of multiple completion on Well completion Report and Log form.) dates, including estimated date of starting any
	Class "C" cement.		ent 1963
			Andrew Mary Parkers State .
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		RECEIVED	RECEIVED OCT 23 1975 U. S. GEOLOGIA
			"ECEIVE-
		00T 07 107E	- VED
		OCT 27 1975	UCT 2.3 1075
			U. S. GEOLGS
	_	O. C. C.	ARTESIA NECAL SUPVEY
8. I hereby certify that the foregoing	ng is true and correct	ARTESIA, OFFICE	U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
t lettery carried day the lovegon	ig is true and correct	Agent	10/23/75
SIGNED CHILLE	1) FOULTITLE	TREIL P	DATE 10/23/75
(This space for Federal or State	office use)		
TPPROVED BY	TITLE		DATE
CONDITIONS OF APPROVAL, I			
OCT & TON			
I REEKINGS	4 •	. n e-	
I I I WIT I WOUTH THE THE	*C_ 1		

*See Instructions on Reverse Side