

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

NM-27650

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. LEASE OR LEASE NAME

GRACE
"CG" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

East Ross Draw Dela.

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

Sec. 25, T 26-S, R 30-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Corinne Grace ✓

3. ADDRESS OF OPERATOR

P.O. Box 1418, Carlsbad, NM 88220

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1980' FEL & 2310' FSL

RECEIVED

FEB 08 '88

C. C. D

14. PERMIT NO.

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

3061 GR

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 COMPLETION

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

(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.)*

Proposed to squeeze perfs at 5770' - 5792' with 450 sk
Class "H" cement. Drill out and test squeeze. Re-per-
forate and treat as necessary.

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

SIGNED

Mike Smith

TITLE

Agent

DATE

1/21/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

2-2-88

CONDITIONS OF APPROVAL, IF ANY: