

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

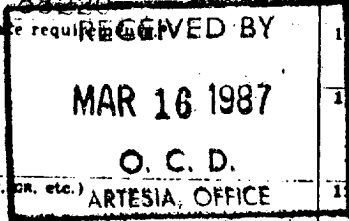
SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

EXPIRATION DATE 1001-0135
Expires August 31, 1985

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-29230
2. NAME OF OPERATOR Corinne B. Grace	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P. O. Box 1418, Carlsbad, New Mexico 88220	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2150' FSL & 660' FEL	8. FARM OR LEASE NAME Grace-Schoenberger
14. PERMIT NO.	9. WELL NO. Fed. # 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3505 GR	10. FIELD AND POOL, OR WILDCAT Wildcat Delaware
	11. SEC., T., S., R., OR BLM. AND SURVEY OR AREA Sec. 13, T24S, R30E
	12. COUNTY OR PARISH Eddy
	13. STATE NM



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

(Other) Request to change depth and casing (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.)*

I. Request to change the following:

- A. Depth-4500 feet
- B. Surface hole size 12 1/4"
- C. Surface Casing 9 5/8" 36#
- D. Production hole size 7 7/8"
- E. Production Casing 5 1/2" 15.50#



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

SIGNED <u>Stephen D. Smith</u>	TITLE <u>Agent</u>	DATE <u>March 8, 1987</u>
(This space for Federal or State office use) Orig: Sgd. Charles S. Dehlan		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		<u>3-10-87</u>

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.