

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

4/58

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 27650	
2. NAME OF OPERATOR Corinne Grace		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A	
3. ADDRESS OF OPERATOR P. O. Box 1418, Carlsbad, NM 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 1980' FWL & 660' FSL		8. FARM OR LEASE NAME Zac Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3039. GR		10. FIELD AND POOL, OR WILDCAT East Ross Draw	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T-26S, R-30E.	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> (Other) <input checked="" type="checkbox"/>		SUBSEQUENT REPORT OF: WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREATMENT <input type="checkbox"/> SHOOTING OR ACIDIZING <input type="checkbox"/> (Other) <input checked="" type="checkbox"/> SPUD SJS	
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.) *		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

Spud 17½" Hole with Cable Tool @ 9:00 AM 6-9-87

ACCEPTED FOR RECORD  
JUN 11 1987  
SJS  
CARLSBAD, NEW MEXICO

RECEIVED  
JUN 11 10 58 AM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

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

SIGNED <u>Billy Miller</u>	TITLE <u>Agent</u>	DATE <u>6-10-87</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side