

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

|| SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Expires August 31, 1985

6. LEASE DESIGNATION AND SERIAL NO.

NM-0343765A

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

Jack F. Grimm

3. ADDRESS OF OPERATOR

P.O. Box 35, Abilene, Texas 79604

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME

Federal 28

8. FARM OR LEASE NAME

9. WELL NO.

*3

10. FIELD AND POOL, OR WILDCAT

Vest Ranch

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

NWNE Sec 28 14S 30E

12. COUNTY OR PARISH 13. STATE

Chaves NM

14. PERMIT NO.

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

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Request for NTL4A Approval

(Other) X

(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.)*

Request for Permit to vent gas - reasons as follows:
(A) Quantity of gas produced is too small to measure
(B) There is no market in this area for the sale of gas
(C) The gas produced is 85% nitrogen, for which there is no market.



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

SIGNED

J.P. Ross

TITLE

Engineering Geologist

DATE

3/15/85

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DATE
PETER W. CHESTER
MAR 15 1985

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT