

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Er. , Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088
RECEIVED

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-26626
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. K-4474
7. Lease Name or Unit Agreement Name Salomeh
8. Well No. 1
9. Pool name or Wildcat Cabin Lake Delaware
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3249.6' GR

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" (FORM C-101) FOR SUCH PROPOSALS.)
AUG 29 1994
O. C. S. TO A
ARTESIA OFFICE.

1. Type of Well:
OIL WELL GAS WELL OTHER

2. Name of Operator
Corinne B. Grace

3. Address of Operator
P.O. Box 1418, Carlsbad, N.M. 88221-1418

4. Well Location
Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line
Section 36 Township 21S Range 30E NMPM Eddy County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIATION WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

4/13/94 Perforated 7320'-7396' at 1S.P.F.

4/14/94 Acidized 1500 gals 7 1/2% HCL acid with Pental-100. Fraced perfs 9000 gals of C-120 prepad, 37000 gals of CXB 135 pad, 7300 gals of C-135 with 65,300 lbs of 20/40 Ottawa sand.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mitchell Morris TITLE Accountant DATE 5/12/94

TYPE OR PRINT NAME Mitchell Morris TELEPHONE NO. 887-5581

(This space for State Use)

SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE OCT 7 1994

CONDITIONS OF APPROVAL, IF ANY: