

Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, 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

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

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

WELL API NO. 30-15-10908
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No. K-6290

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.)

7. Lease Name or Unit Agreement Name Salty Bill
8. Well No. 1
9. Pool name or Wildcat

1. Type of Well: OIL WELL [] GAS WELL [] OTHER Water Disposal
2. Name of Operator Corinne B. Grace
3. Address of Operator P O Box 1418 Carlsbad, NM 88220

4. Well Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West Line
Section 36 Township 22S Range 26E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK [] PLUG AND ABANDON [] TEMPORARILY ABANDON [] CHANGE PLANS [] PULL OR ALTER CASING [] OTHER: []
SUBSEQUENT REPORT OF: REMEDIAL WORK [X] ALTERING CASING [] COMMENCE DRILLING OPNS. [] PLUG AND ABANDONMENT [] CASING TEST AND CEMENT JOB [] OTHER: []

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.
7/27/95 Rigged up. Pulled tubing. Found parted tubing
7/28/95 Fished tubing and circulated hole clean.
7/29/95 Set packer at 1737'. rigged down
7/31/95 Rigged up Halliburton and acidized well with 3000 gallons 15% HCL + 1 gal/1000 LoSurf 300 + 1 gal/1000 HAI 81 + 3 gal/1000 Pen-88. Rigg down. Turn to injection.

RECEIVED

SEP 21 1995

OIL CON. DIV. DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.
SIGNATURE Corinne B. Grace TITLE Owner DATE 9/20/95
TYPE OR PRINT NAME Corinne B. Grace TELEPHONE NO. (505) 887-5581

(This space for State Use)
APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE SEP 25 1995

CONDITIONS OF APPROVAL, IF ANY: