

OFFICIAL STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Revised August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM-60051

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Isler Fed.

9. WELL NO.

#1-3

10. FIELD AND POOL OR WILDCAT

Undesignated ABO

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

Sec. 3, T10S-R30E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

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 ☐ Re-Entry

2. NAME OF OPERATOR

Celeste C. Grynberg

3. ADDRESS OF OPERATOR

5000 S. Quebec St., Ste. 500, Denver, CO 80237

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

660' FNL & 1980' FWL NE1/4 NW1/4

14. PERMIT NO.

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

4086' GR

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) ☐

(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.)

In re: APD and Exhibits submitted to drill the Isler Fed. #3-1 located 1650' FNL & 1650' FWL, Sec. 3, T10S-R30E, Chaves County, New Mexico.

Operator has elected to re-enter and sidetrack the subject dry hole, instead of drilling a new well.

An APD and exhibits are attached reflecting this change.

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

SIGNED

*Kend Spragg* TITLE *Operations Mgr.*

DATE

*3/4/89*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side