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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. K-29	
7. Unit Agreement Name	
8. Farm or Lease Name Ranger	
9. Well No. 1-SWD	
10. Field and Pool, or Wildcat Wildcat	
12. County Lea	

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.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- Salt water disposal

2. Name of Operator
Corinne Grace

3. Address of Operator
P. O. Box 1418, Carlsbad. New Mexico 88220

4. Location of Well
UNIT LETTER H, 1980 FEET FROM THE North LINE AND 660 FEET FROM
THE East LINE, SECTION 15 TOWNSHIP 12S RANGE 34E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
4157GR

18. 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"/>	REMEDIAL WORK <input 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"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Temporary abandonment</u> <input type="checkbox"/>

17. 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.

2/28/74 Capped with 1/4" steel plate welded on 8 5/8" coupling and screwed on. The cap equipped with a 1/2" steel valve for pressure control. Cellar covered with heavy timbers and all chemicals removed from location. Temporary abandoned for further study.

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

SIGNED Corinne Grace TITLE Agent DATE 3/1/74

APPROVED BY _____ TITLE _____ DATE APR 2 1974

CONDITIONS OF APPROVAL, IF ANY: