8. I hereby dertify that the information	n above is true and complete to the best of my knowledge and	DATE 1/7/75
8. I hereby certify that the information	n above is true and complete to the best of my knowledge and	
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1/1//5 Plan to move	rig back to location rig up and sta	ust drilling on 1/0/75
3/2/25 Dlan to many	; . min bask to lasation win un and abo	
work) SEE RULE 1 103.	perations (Clearly state all pertinent details, and give pertin	e. It dates, including estimated date of starting any proposed
OTHER Continue Drilling	OTHER	
EMPORARILY ABANDON U	COMMENCE DRILLIN CHANGE PLANS CASING TEST AND C	
ERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
NOTICE OF I	NTENTION TO:	SUBSEQUENT REPORT OF:
Check	Appropriate Box To Indicate Nature of Notice	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
THE LINE, SECT	ion 11 Township 12S RANGE 3	NMPM.
UNIT LETTER J	1980 FEET FROM THE South LINE AND 198	•
P. O. Box 1418, Carl	sbad, New Mexico 88220	10. Field and Pool, or Wildcat
, Address of Operator		9. Well No.
Name of Operator  Corinne Grace		8. Farm or Lease Name  Punch
OIL GAS WELL WELL	OTHER-	7. Unit Agreement 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 -" (FORM C-101) FOR SUCH PROPOSALS.)		
SUND	RY NOTICES AND REPORTS ON WELLS	IG-1368
PERATOR	]	5. State Oil & Gas Lease No.
AND OFFICE	<b>1</b>	State Fee
		5a. Indicate Type of Lease
ILE	NEW MEXICO OIL CONSERVATION COMA	AISSION Effective 1-1-65
DISTRIBUTION ANTA FE FILE U.S.G.S.	NEW MEXICO OIL CONSERVATION COMA	Form C-103

CONDITIONS OF APPROVAL, IF ANY: