

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE CAPTIONED  
(Other instructions on reverse side)

Form approved  
Budget Bureau No. 42-21434

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 ☒ T. A.

2. NAME OF OPERATOR

**Granridge Corporation**

3. ADDRESS OF OPERATOR

**P. O. Box 752, Brockenridge, Texas**

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

**NE 1/4 Sec. 25, T. 18N., R. 33E., Lea County, New Mexico**

14. PERMIT NO.

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

**3878' BW**

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion in separate report and log form.)  
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.)\*

**We request this well be classified as temporarily abandoned until location is made to permanently plug or recomple in different pay zone.**

**APPROVED**

**JAN 7 1964**

**E. G. HUBBLE  
ACTING DISTRICT ENGINEER**

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

SIGNED

*Charles W. Smith*

TITLE

**Office Manager**

DATE

**1-7-64**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE