NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old
SANTA FE		ERVATION COMMISSION	C-102 and C-103
FILE		SERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	-		5a. Indicate Type of Lease
LAND OFFICE	7		State X Fee
OPERATOR	-		5. State Oil & Gas Lease No.
			E-9659
SUND	RY NOTICES AND REPORTS ON	WELLS	
DO NOT USE THIS FORM FOR PR	RY NOTICES AND REPORTS ON ROPOSALS TO DRILL OR TO DEEPEN OR PLUG E TION FOR PERMIT -" (FORM C-101) FOR SUC	CH PROPOSALS.)	
			7. Unit Agreement Name
WELL WELL	Grama Ridge Morrow		
2. Name of Operator			8. Farm or Lease Name
Llano, Inc.			State GRB
3. Address of Operator			9. Well No.
P. 0. Box 1320, Hol	bbs, New Mexico 88240		1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	1980 FEET FROM THE South	LINE AND FEET FR	Grama Ridge
THE West LINE, SECT	10N 34 TOWNSHIP 21-S	34-E	
			ω.ΥΠΠΠΠΠΠΠΠΠΠΠΠ
15. Elevation (Show whether DF, RT, GR, etc.)			12. County
$\overline{\mathcal{A}}$			Lea Allillilli
^{16.} Check	Appropriate Box To Indicate N	ature of Notice Report of (thet Data
NOTICE OF 1	NTENTION TO:		NT REPORT OF:
			T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
		OTHER	ا ـــا
OTHER Casing Test & Ce	ement Job 🛛		

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.

Begin Work 8/20/73

- Drop blank-off plug in 2-1/2" tubing and load tubing and tubing-9-5/8" annulus w/KCL water.
- Maintain pressure on tubing 9-5/8" annulus and squeeze 2000 sx of cement down 9-5/8" -13-3/8" annulus in order to shut-off leak in 9-5/8" casing at approx. 1500' and cover 9-5/8" not protected by cement.
- 3. Run temp. survey down tubing to locate top and/or bottom of cement squeeze.
- 4. Pressure-up on 2-1/2" 9-5/8" annulus to test cement squeeze.
- 5. Swab tubing dry and pull blank-off plug.
- 6. Prepare for injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNED	DATE 8/17/73
APPROVED BY	DATE

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