

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078360

6. IF INDIAN, ALLOTTEE OR TRIBE 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—" for such proposals.)

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Grace Petroleum Corporation

3. ADDRESS OF OPERATOR

3 Park Central, #200, 1515 Arapahoe St., Denver, Co. 80202

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

970' FNL, 1850' FEL

14. PERMIT NO.

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

7075' GL, 7087' DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Nancy "B"

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

Sec 14, T23N, R7W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

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) Workover

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

The following procedure will be used during the workover on this well:

1. Rig up service rig.
2. Pull and inspect tubulars.
3. Treat perfs: 5376-82', 5429-31', 5442-62', 5492-02', 5547',
5559', 5565', 5615', 5636', 5646', 5656', 5672'.
4. Complete as artificial lift well.

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

SIGNED

Scott G. Smith

TITLE

Southern District
Operations Manager

DATE 2/7/80

(This space for official State use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

CARL A. BARRICK

~~ACTING DISTRICT~~ ENGINEER

*See Instructions on Reverse Side

state

