

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved,
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-080273
2. NAME OF OPERATOR Grace Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3 Park Central, #200, 1515 Arapahoe St., Denver, CO. 80202	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2210' FNL, 330' FEL	8. FARM OR LEASE NAME Benn
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Lybrook Gallup
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 9, T23N, R7W
14. PERMIT NO.	12. COUNTY OR PARISH Rio Arriba
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7240' DF, 7228' GL	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Workover <input checked="" type="checkbox"/>		(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 pertinent to this work.)*

The following procedure will be used for the workover on the above well:

1. Rig up service rig.
2. Pull and inspect tubulars.
3. Treat perms: 5512-23', 5540-77', 5630-40', 5632-38', 5592-96'
4. Complete as artificial lift well.



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

SIGNED <u>Lucy G. Smith</u>	TITLE <u>Southern District Operations Manager</u>	DATE <u>2/8/80</u>
(This space for Signature or State Office Use)		
APPROVED BY <u>CARL A. BARRICK</u>	TITLE <u>Acting District Engineer</u>	DATE <u>FEB 21 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

CARL A. BARRICK
Acting District Engineer

state