Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

1. oil well ☒   gas well ☐   other

2. NAME OF OPERATOR

Grace Petroleum Corporation

3. ADDRESS OF OPERATOR

1515 Arapahoe, #200, Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 900' FNL, 890' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
   SF 078360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Grace Federal 19

9. WELL NO.
   1

10. FIELD OR WILDCAT NAME
    Lybrook

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec 19, 23N–6W

12. COUNTY OR PARISH   13. STATE
    Sandoval   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
    6962 KB

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐   ☐
FRACTURE TREAT ☐   ☐
SHOOT OR ACIDIZE ☐   ☐
REPAIR WELL ☐   ☐   RECEIVED   (NOTE: Report results of multiple completion or zone change on Form 9–330.)
PULL OR ALTER CASING ☐   ☐
MULTIPLE COMPLETE ☐   ☐   NOV 1 8 1980
CHANGE ZONES ☐   ☐
ABANDON* ☐   ☐
(other) run production csg

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.)*

8-7-80

1) Ran DIL, CNL-FDW-GR
2) RIH w 142 jts 4.5: 10.5 $\frac{\#}{ft}$ K-55 Rge 3 landed @ 5665, w float @ 5624, w DV tool @ 2977
3) Cmt 1st stg 250 sx 50:50:2 + 6.25# gilsonite/sx + 7# salt/sx tail w 50 sx cls "B" good circ, float held
4) 2nd stg 800 sx 50:50:2 tailed w 50 sx cls "B" good circ.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Operations Eng. DATE 11/10/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

BW