UNITED STATES

	Budget Bureau No. 42-K1424
Γ	5. LEASE
-	SF-078532
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
ent	7. UNIT AGREEMENT NAME
ent	8. FARM OR LEASE NAME
	Mesa A
	9. WELL NO.
	3
	10. FIELD OR WILDCAT NAME
202	Escrito
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	AREA Sec 25, T24N, R7W
	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
	14. API NO.
CE.	, , , , , , , , , , , , , , , , , , , ,

DEPARTMENT OF THE INTERIOR	SF-078532
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas X other	Mesa A 9. Well NO.
well Control	3
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
race Petroleum Corporation 3. ADDRESS OF OPERATOR Den., Co. 80202	Escrito
200, 3 Park Central, 1515 Arapahoe,	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA Sec 25, T24N, R7W
below.) AT SURFACE: 960' FSL, 960' FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	THE PROPERTY OF THE PROPERTY O
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6911' GL
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE U CREPAIR WELL CONTROL CONTRO	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	大大大 的复数美国人
CHANGE ZONES	
ABANDON*	မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။ မြောင်းသည်။
(other) Change in well name	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	
- this well has been changed from	Grace Federal 25+1 to

The name of this well has been chang Mesa A-3.

18. I hereby certify that the foregoing is true and correct Southern District TITLE Operations Managerpare Dec. 13,

(This space for Federal or State office use)

Subsurface Safety Valve: Manu. and Type ___

DATE

ah 5mh

*See Instructions on Reverse Side



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