

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Grace Petroleum Corporation	8. FARM OR LEASE NAME Mesa # 25
3. ADDRESS OF OPERATOR 143 Union Blvd, Suite 760, Lakewood, CO 80228	9. WELL NO. #3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW SW Section 25 960' FSL & 960' FWL Section 25	10. FIELD AND POOL, OR WILDCAT Escrito Lybrook/Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 25, T24N-R7W
15. ELEVATIONS (Show number of feet or fathoms) 6911' GL & 6925' KB	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 checked="" 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) Nitrogen/Acid Stimulation

(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.)*

See Attached

RECEIVED
MAY 09 1985
OIL & GAS
DIST. 6

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

SIGNED Jack Nance TITLE District Manager DATE 4/28/75

(This space for Federal or State office use)

APPROVED BY Robert M. Moeck TITLE NMOC DATE MAY 08 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

WELL DATA:

Depth	-	5,670'
Casing	-	4 1/2"
Tubing	-	2 3/8"
Perforations	-	5,432' to 5,658'
Perforation Density	-	1 spf
BHST	-	130°F

FORMATION DATA:

Name	-	Gallup
Gross Height	-	226'
Net Height	-	85'
Frac Gradient	-	0.65 psi/ft. (assumed)

FLUID SYSTEMS:

<u>Acid Breakdown</u>	-	15% FE Acid containing 25% Methanol by volume and the following additives per 1,000 gallons: 2 gallons LoSurf 259, 1.5 gallons EnWaR 288, 2 gallons HAI-60, 1.5 gallons FR-24, 600 scf/barrel Nitrogen.
<u>Flush</u>	-	Nitrogen.

Acid and additives to be emulsion tested with produced hydrocarbons and water prior to pumping.

CHEMICAL IDENTIFICATION:

FE	-	Iron Control Acid
LoSurf 259	-	Surfactant/Non-Emulsifier
HAI-60	-	Acid Corrosion Inhibitor
FR-24	-	Liquid Friction Reducer
EnWaR 288	-	Enhanced Water Recovery Agent
Nitrogen	-	Artificial Gas Lift
Methanol	-	Surface Tension Reducer

TREATMENT SCHEDULE:

Treatment down 2 3/8" tubing at 3 BPM and \pm 2,275 psi.

<u>STAGE No.</u>	<u>FLUID TYPE</u>	<u>FLUID VOLUME</u>	<u>DIVERTER</u>
1	Acid	1,500 gals. plus Nitrogen	Drop 100 7/8" x 1.1 S.G. RCN Balls -Spaced evenly throughout Acid.
2	Flush	\pm 23,000 (scf) Nitrogen	None.

TOTAL AMOUNTS:

15% Fe Acid	-	1,500 gallons
Methanol	-	375 gallons
Nitrogen	-	\pm 45,000 scf