

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: 890 FNL & 830 FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Production casing

5. LEASE

SF 078534

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 35

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Lybrook

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

Sec 35-24N-7W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

NM

14. API NO.

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

7009 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

8-17-80

Run 147 jts 4.5" 10.5 #/ft K-55 rge 3 csg set @ 5820 in 7.875" hole
DV tool @ 2789 FC @ 5778'

Cmt w 260 sx 50:50:2 + 6.5# gilsonite/sx + 7# salt/sx

2nd stage cmt w 710 sx 50:50:2 tailed in w 50 sx "B" neat w good circulation throughout.

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

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

SIGNED Kim E. Lucha TITLE Operations Eng. DATE 11/13/80

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

BW