TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

FULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

ABANDON\* (other)

## UN. . D STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Dec. 1973		hudget Burrau No 47-R1474	
UND STATES	5. LLASE		
DEPARTMENT OF THE INTERIOR	NOO-C-14-20-3769		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEAS	SE NAME	
1. oil gas X other	Grigsby Fe	deral	
well Well W other	9. WELL NO.		
2. NAME OF OPERATOR	4.48		
Universal Resources Corporation	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Basin Dakota		
1125 17th St, #1800 Denver, CO 80202	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.)	Section 8-T25N-R10W		
AT SURFACE: 1650' FSL & 990' FWL AT TOP PROD. INTERVAL:		ARISH 13. STATE	
AT TOTAL DEPTH:	San Juan New Mexico		
16 CUENT ADDOCRDIATE DOV. TO MANAGE	14. API NO.		
<ol> <li>CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</li> </ol>			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6468' K.B., 6456' G.L.		
TEST WATER SHUT-OFF			
FRACTURE TREAT			
SHOOT OR ACIDIZE O	<b>エエスルビョン</b>		

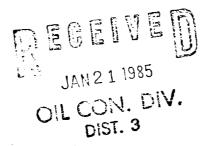
(NOTE: Report results of multiple completion or zone

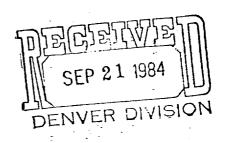
SEP 141994 change on Form 9-330.)

BUREAU OF LAND HOLDCOMMINE AREA

1.7. 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.)\*

9/08/84 Worked and seeded location with BIA seed mix No. 10.





CONDITIONS OF ATTACALL IT ANT.			ACCEPTED FOR	RECORD
APPROVED BY	TITLE	DATE	<u> </u>	
	(This space for Federal	or State office use)		
SIGNED Davil Liting	TITLE DIV. O	)per. Manager	September 11,	1984
18. I hereby certify that the foregoing is	true and correct	-		
Subsurface Safety Valve: Manu, and Typ	)e			Ft.
		•		

-. 50 L K

SEP 17 1984

\*See Instructions on Reverse Side