## UNITED STATES SUBMIT IN TRIPLICATE DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

Form approved. Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

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GEOL	OGICAL	SURVEY

SF-078532 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 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.) 7. UNIT AGREEMENT NAME WE'L WELL X OTHER 2. NAME OF OPERATOR 8. FARM OR LEASE NAME Grace Petroleum Corporation Mesa 3. ADDRESS OF OPERATOR 9. WELL NO. 3 Park Central, #200, 1515 Arapahoe St., Denver, CO. 80202 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)

At surface 10. FIELD AND POOL, OR WILDCAT Escrito Gallup 2140' FSL, 1000' FEL 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T24N,R7W 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 6988' GL Rio Arriba New Mexico 16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:			7	SCHEROLI REIGHT OF.				
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TEST WATER SHUT-OFF		PULL OR ALTER CASING			WATER SHUT-OFF		REPAIRING WELL	
FRACTURE TREAT		MULTIPLE COMPLETE		:	FRACTURE TREATMENT		ALTERING CASING	
SHOOT OR ACIDIZE		ABANDON*			SHOOTING OR ACIDIZING		ABANDONMENT*	
REPAIR WELL		CHANGE PLANS			(Other)			1
(Other) Workover	r		人		(NOTE: Report rest Completion or Reco	ults of multiple mpletion Repor	completion on Welt and Log form.)	i

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.) \*

The following procedures will be used during the workover:

- Rig up service rig.
- Pull and inspect tubulars.
- Perforate and stimulate intervals: 5515-34', 5676-84'.
- Complete as artificial lift well.



18. I hereby certify that the foregoing is true and correct SIGNED Lotty G. Small	Southern District TITLE Operations Manager	DATE2/11/80
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

oh 5mh

CARL A. BARRICK

\*See Instructions on Reverse Side

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