

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078924

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Grace Petroleum Corporation

3. ADDRESS OF OPERATOR

3 Park Central, #200, 1515 Arapahoe St., Denver, CO. 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1850' FSL, 1850' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Connie

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Lybrook Gallup

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

Sec 29, T24N, R7W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7330' GL

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other) Workover

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well  
Completion or Re-completion 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.)\*

The following procedure will be used for the workover on the above well.

1. Rig up service rig.
2. Pull and inspect tubulars.
3. Treat perfs: 5832-50', 5876-5918', 5967-79', 6068-76', 6080-84', 6102-06', 6117-19'.
4. Complete as artificial lift well.



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

SIGNED

*Scott G. Smith*

TITLE

Southern District  
Operations Manager

DATE 2/8/80

(This space for Federal or State official use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 21 1980

CARL A. BARRICK  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side