

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED
BLM MAIL ROOM

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

Graham Royalty, Ltd.

3. ADDRESS OF OPERATOR

1675 Larimer St., #400, Denver, Colorado 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 805' FNL & 798' FWL

AT TOP PROD. INTERVAL: Same

AT TOTAL DEPTH: Same

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other)

SUBSEQUENT REPORT OF:

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5. LEASE

SF Federal #080565

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Florange

9. WELL NO.

#5

10. FIELD OR WILDCAT NAME

Tapacito Pictured Cliffs

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

Sec. 5-T25N-R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7379' Gr.

(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.)*

1) MIRU Workover Unit.

2) TOOH w/ rods and pump.

3) Release packer, tag bottom, & TOOH with production string.

4) Run casing inspection log.

5) Depending on log results, either repair or plug subject well.

RECEIVED
FEB 22 1988
OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES 6/1/88

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

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

SIGNED William L. Down TITLE Division Manager

DATE 2/12/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE FEB 22 1988

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

