

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Grace Petroleum Corporation	8. FARM OR LEASE NAME Blakely
3. ADDRESS OF OPERATOR 3 Park Central, #200, 1515 Arapahoe, Denver, CO 80202	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  2170' FNL, 1120' FWL	10. FIELD AND POOL, OR WILDCAT Escrito Gallup
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23, T24N, R7W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6752' GL, 6764' DF	12. COUNTY OR PARISH Ric Arriba
	13. STATE New Mexico

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

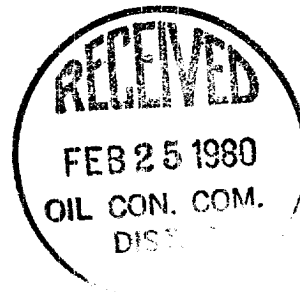
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Workover

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

1. Rig up service rig.
2. Pull and inspect tubulars.
3. Test casing for casing leak
4. Repair same.
5. Install as a artificial lift well.



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

SIGNED

*Scotty G. Smith*

TITLE

Southern District  
Operations Manager

DATE 2/8/80

(This space for additional State Office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

FEB 21 1980

TITLE

DATE

CARL A. BARRICK

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side