

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> OTHER <input type="checkbox"/> WELL WELL		5. LEASE DESIGNATION AND SERIAL NO. SF-078532
2. NAME OF OPERATOR Grace Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3 Park Central, #200, 1515 Arapahoe, Denver, Co. 80202		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL, 790' FEL		8. FARM OR LEASE NAME Sperling
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6659' GL		10. FIELD AND POOL, OR WILDCAT Escrito Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T24N, R6W
		12. COUNTY OR PARISH Rio 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 COMPLETE <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.) *

The following procedure will be used during the workover on this well:

1. Rig up service rig.
2. Pull and inspect tubulars.
3. Acidize existing perms.
4. Complete as artificial lift well.

USGS records indicate this is dual Gallup-Dakota well. Please advise disposition of Dakota and date Dakota was shut in or abandoned.

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

SIGNED

Butch A. Smith

TITLE

Southern District
Operations Manager

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

FEB 21 1980

CARL A. BARRICK

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

State

