

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-078562

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Goff

9. WELL NO.

5

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 13. STATE

Rio Arriba

New Mexico

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

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 2240' FNL, 330' FWL

14. PERMIT NO.

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

6943' DF 6931' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Workover

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

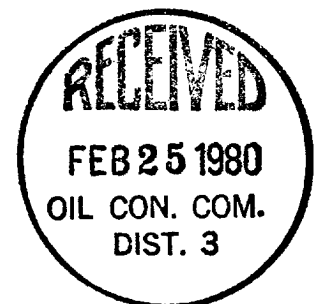
ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or 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 workover within the Gallup zone will be attempted.

1. Rig up service rig.
2. Perforate and stimulate these intervals: 5493-98', 5518-42', 5571-96', 5608-14', 5652-60'
3. Complete the well and put it on pump.



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

SIGNED

Scott G. Smith

TITLE

Southern District
Operations Manager

DATE 2/11/80

(This space is for approval by State or local agency)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

FEB 21 1980

TITLE

DATE

CARL A. BARRICK

~~ASSISTANT ENGINEER~~

*See Instructions on Reverse Side

State