

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 SI Oil Well

2. NAME OF OPERATOR
Grace Petroleum Corporation

3. ADDRESS OF OPERATOR
143 Union Blvd - Ste 760, Lakewood, CO 80228

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL & 1720' 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

SUBSEQUENT REPORT OF:

☐ ☐ ☐ ☐ ☐ ☐ ☒ E ☒ X

RECEIVED

DEC 3 1984

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

OIL CO. 1.
BUT S

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. Killed well w/160 bbls used 8.6 ppg drlg mud on 11/21/84.
2. Set cmt retainer @ 5283' and squeezed perfs w/100 sx Class 'G' cmt.
3. Spotted 25 sx Class 'G' cmt plug @ 4362'.
4. Spotted 20 sx Class 'G' cmt plug @ 3624', 2085', 1815' and 1437'.
5. Perforated 4 squeeze holes @ 300', set cmt retainer @ 290' & squeezed perfs w/50 sx Class 'G' cmt.
6. Spotted 25 sx Class 'G' cmt surface plug from 125' to surface.
7. Installed permanent monument on 11/21/84.

~~plugging of the well bore.~~

Liability under bond is retained until surface restoration is completed.

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

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

SIGNED James E. Johnson

TITLE Dist. Ops. Mgr

DATE _____

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE DEC 05 1984
(SGD.) MAT MILLENBACH
M. MILLENBACH
AREA MANAGER