

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>	RECEIVED AUG 29 1985 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA
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 and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FWL, Section 21 NW NW Section 21, T24N-R7W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7281' GL, 7292' KB

5. LEASE DESIGNATION AND SERIAL NO. SF 078924	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Connie	
9. WELL NO. #21-2	
10. FIELD AND POOL, OR WILDCAT Escrito-Lybrook/Marye	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 21, T24N-R7W	
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"/>	PCLL 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) T&A (Marye Zone) <input checked="" type="checkbox"/>	

(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.)*

Subsequent Sundry Notice for the T&A of the Connie #21-2

1. MIRU Big 'A' Well Service.
2. RIH & set CIBP @ 6034' (couldn't set @ 6032' because of casing collar).
3. Made 4 runs w/dump bailer dumping cmt from 6034 to 5989'.
4. Loaded hole w/pkr fluid.
5. Clean location and redress pit as per BLM request.

RECEIVED
SEP 03 1985
OIL CON. DIST. 8

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

SIGNED <u>Jack Nance</u>	TITLE <u>District Manager</u>	DATE <u>8/27/85</u>
(This space for Federal or State office use)		ACCEPTED FOR RECORD
APPROVED BY _____	TITLE _____	DATE <u>AUG 30 1985</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY SM