

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instruction
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR GRACE Petroleum Corporation	8. FARM OR LEASE NAME GRACE "1" FEDERAL
3. ADDRESS OF OPERATOR 6501 N. BROADWAY, OKLAHOMA CITY, OKLAHOMA	9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 6600' FEL & 1980 FNL Unit H	10. FIELD AND POOL, OR WILDCAT Quail Ridge - Morrow
14. PERMIT NO. 30-D25-30896	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA E/2 SEC. 1-205-33E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3603.7' GR	12. COUNTY OR PARISH LEA COUNTY
	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 PLANE <input type="checkbox"/>	(Other) SPUD DATE & SURFACE CSG <input checked="" type="checkbox"/>	
(Other) <input 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.)*

6-1-90 Spudded 17 1/2" hole @ 2130 hrs

6-2-90 RIH w/ 11jts of 13 3/8" 4B# H-40 LTC CSG. TOTAL PIPE 483.65' SET @ 480'. CMT'd down 13 3/8" CSG w/ 500 SX HOWCO PREMIUM Plus w/ 2% CaCl₂. PD @ 1600 hrs. CIRC'd 150 SX. TO SURF. WOC 12 hrs. WELD ON CSG HEAD.

6-3-90 NU, TESTED BOP & CHOKE MANIFOLD TO 1000 psig. Pu BHA & RIH

ACCEPTED FOR RECORD

Mr

JUN 11 1990

CARLSBAD, NEW MEXICO

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

SIGNED Marvin T. Jordan

TITLE OPERATIONS SUPERINTENDENT

DATE JUNE 8, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 22 1990

CCB
HOBBS OFFICE