

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 ☐

2. NAME OF OPERATOR
Chace Oil Company, Inc.

3. ADDRESS OF OPERATOR
313 Washington, SE, Albuquerque, NM 87108

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit "C", 336' FNL & 2310' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Spud ☐

SUBSEQUENT REPORT ☐

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U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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

5. LEASE
Tribal Contract #47

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Tribal #47

9. WELL NO.
#3-~~100~~

10. FIELD OR WILDCAT NAME
S. Lindrith Gallup Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, T23N, R4W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
113' GR 7307' KB

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.)*

1-5-83: Moved in and rigged up with Arapahoe Drilling Company. Spudded at 8:00 A.M. Ran 5 joints of 23#, 8 5/8" casing. Total length of 200', set at 214'. Woodco cemented with 150 sxs, (270 CF) Class B cement, 3% calcium chloride, 1/4# Flowcele per sack. Circulated 6 barrels to surface. Plug down at 1:30 P. M. January 5, 1983.

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OIL CON. DIV.
DIST. 3

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

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

SIGNED D. W. Miller TITLE President DATE January 6, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JAN 17 1983

FARMINGTON DISTRICT

NMOCC