

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.) Unit 'J' - 2310' FSL & 2270' FEL

AT SURFACE:

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) ☐

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐

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.)*

Ran 191 joints plus a short joint of 4½", 11.6 lb/ft, N-80 casing, set @ 7550' KB. Guide Shoe @ 7549'. Float Collar @ 7508'. Short joint from 5947-5975'. D. V. tool @ 3189'. Cement baskets @ 6997', 6015', 5201', 5004', 4846', 2598'. 1st stage: pumped 20 bbls. Flo-chek 21. Cemented 1st stage with 1250 sks (1788 CF) 50/50 pozmix, 2% gel, 6¼ lb/sk Gilsonite, 6 lb/sk salt. Plug down @ 10:04 P. M. Opened D. V. tool. Circulated upper stage 3 hours. 2nd stage: pumped 20 bbls. mud flush. Cemented 2nd stage with 450 sks, (1048 CF) 65/35 pozmix, 12% gel, 6¼ lb/sk Gilsonite. Tailed in with 50 sks (59 CF) Class B neat. Plug down @ 1:21 A. M. on 9/23/83. Circulated 2 bbls. cement to surface.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

TITLE

President

DATE

September 26, 1983

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE

Tribal Contract #71

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Tribal Contract #71

9. WELL NO.

21

10. FIELD OR WILDCAT NAME

S. Lindrith, Gallup Dakota

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

Sec. 10, T23N, R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7313' GL

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

Set @

Ft.

*See Instructions on Reverse Side

SEP 30 1983

FARMINGTON RESOURCE AREA

BY

5mm

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE Tribal Contract #71	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Jicarilla Tribal Contract #71	
9. WELL NO. #1-21	
10. FIELD OR WILDCAT NAME S. Lindrith, Gallup Dakota	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T23N, R4W	
12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 7313' GL	

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Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED L. W. Miller TITLE President DATE September 26, 1983

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NM MOCC

ACCEPTED FOR RECORD
SEP 30 1983
FARMINGTON RESOURCE AREA
BY Smm