

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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"/> | | 5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Tribal Contract #71 | |
| 2. NAME OF OPERATOR Chace Oil Company, Inc. | | 6. INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache | |
| 3. ADDRESS OF OPERATOR 313 Washington SE, Albuquerque, NM 87108 | | 7. UNIT AGREEMENT NAME | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F 1805' FNL & 2255' FWL | | 8. FARM OR LEASE NAME Jic. Tribal Contract #71 | |
| 14. PERMIT NO. | | 9. WELL NO. 23 | |
| 15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7382' | | 10. FIELD AND POOL, OR WILDCAT South Lindrith, Gallup Dakota | |
| | | 11. SEC. T., R., N., OR BLK. AND SURVEY OR AREA Sec. 10, T23N, R4W | |
| | | 12. COUNTY OR PARISH Rio Arriba | 13. STATE NM |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Long term shut in

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

7. 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 names pertinent to this work.)

This is to request a long term shut-in status on the above well. Due to existing market condition, this well is unable to produce in paying quantities. Pumpjack has been removed and all well head valves have been closed and sealed.

Should existing market conditions improve, this well can be returned to production as a pumping oil well.

RECEIVED

NOV 1 1991.

OIL CON. DIV.
DIST. 3

THIS APPROVAL EXPIRES NOV 01 1992

I hereby certify that the foregoing is true and correct

SIGNED

TITLE Field Supervisor

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE

OCT 30 1991

AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side