

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL  
WELL ☒

GAS  
WELL ☐

OTHER

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☒

2. NAME OF OPERATOR

Chace Oil Co., Inc.

3. ADDRESS OF OPERATOR

313 Washington S.E., Albuquerque, NM 87108

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)\*

At surface

Unit 'C' 1653' FWL & 711' FNL

At proposed prod. zone

711/N 1653/W

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

17 miles west-southwest of Lindrith, New Mexico

15. DISTANCE FROM PROPOSED\* 711' from lease line

333' from  
unit line

16. NO. OF ACRES IN LEASE

1920

18. DISTANCE FROM PROPOSED LOCATION\*

TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

1317

19. PROPOSED DEPTH

7450

17. NO. OF ACRES ASSIGNED

TO THIS WELL

40-33.79

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

GR 7172

DRILLING OPERATIONS AUTHORIZED ARE  
SUBJECT TO COMPLIANCE WITH ATTACHED

22. APPROX. DATE WORK WILL START\*

8-5-84

23. PROPOSED CASING AND CEMENTING PROGRAM

This action is subject to administrative  
appeal pursuant to 30 CFR 290.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12 1/4"	8 5/8"	24#(J-55)	225'
7 7/8"	4 1/2"	11.6#(N-80)	7450'

225 sks (405 CF) Class B cement  
1st stage: 750 sks (1350 CF)  
50/50 poz mix  
2nd stage: 505 sks (909 CF)  
40/60 poz mix, 12% gel  
40 sks (72 CF) Class B cement

Drill 230' of 12 1/4" surface hole. Set 225' of 8 5/8"  
casing. Cement to surface with 225 sks (405 CF)  
cement. Use an oil base mud, (15% oil), and  
Schaeffer 5000# standard doublegate hydraulic BOP.  
Drill 7 7/8" hole to 7450' to test the Dakota.  
Wasatch formation on surface. Estimated tops:

Ojo	2510	Tocito	6790
Pictured Cliffs	2975	Greenhorn	7110
Chacra	3325	Dakota 'A'	7195
Cliff House	4535	Dakota 'D'	7335
Point Lookout	5035	Burro Canyon	7440
Gallup	5795		

D.V. tool at 3100 Float Collar at 7410

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED

Monte Anderson

TITLE Geologist

(This space for Federal or State use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

OIL CON. DIV.  
DIST. 3

TITLE

APPROVED May 10, 1984

AS AMENDED

MAY 31 1984

John H. H. H.

NMOCC  
\*See Instructions On Reverse Side

All distances must be from the outer boundaries of the Section.

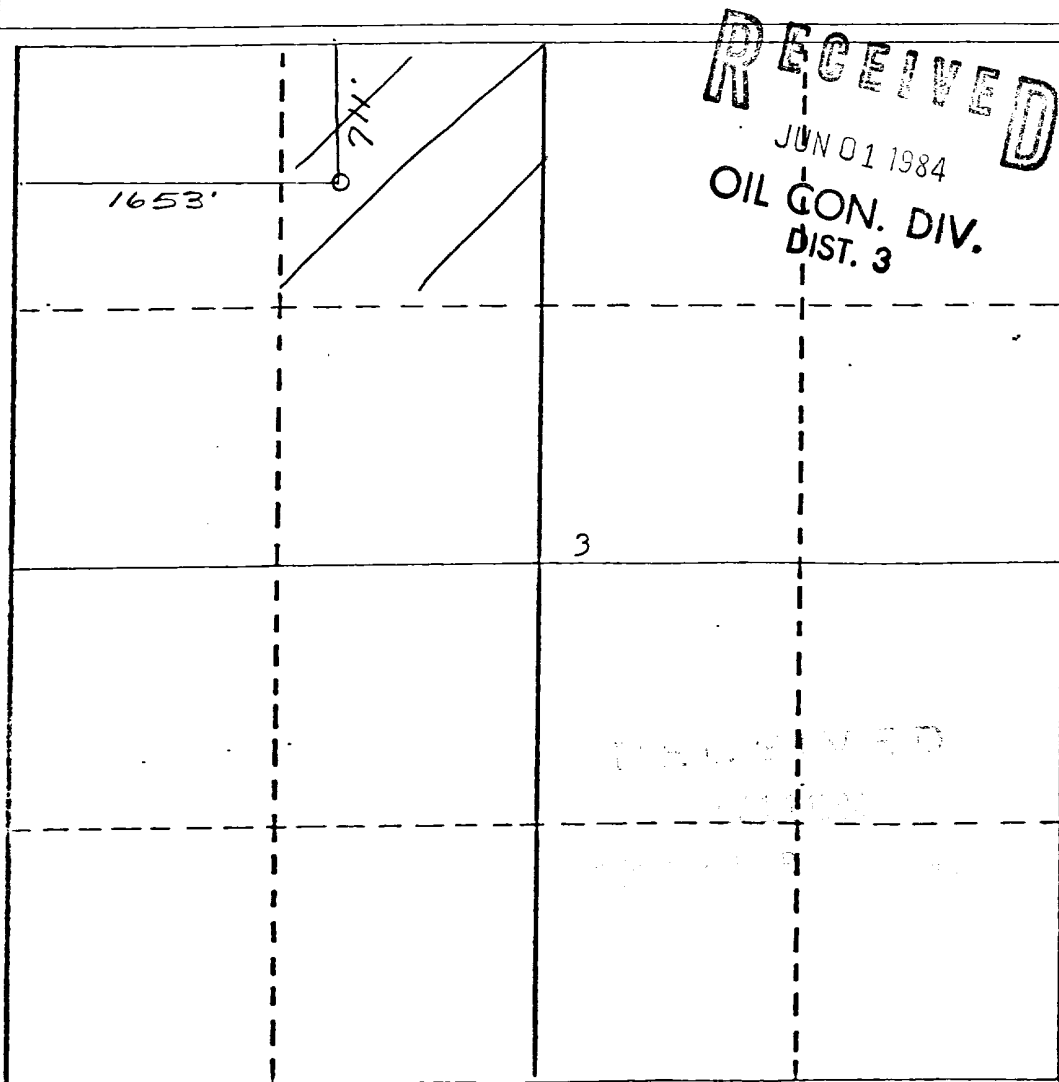
Operator <b>CHACE OIL COMPANY, INC.</b>			Lease		Well No. <b>71-32</b>
Unit Letter <b>C</b>	Section <b>3</b>	Township <b>23 NORTH</b>	Range <b>4 WEST</b>	County <b>RIO ARriba</b>	
Actual Footage Location of Well: <div style="display: flex; justify-content: space-between;"> <span>711 feet from the NORTH line and</span> <span>1653 feet from the WEST line</span> </div>					
Ground Level Elev. <b>7172</b>	Producing Formation <b>Del-Dk</b>	Pool <b>S. Linditt</b>	Dedicated Acreage: <b>3379</b> Acre		

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

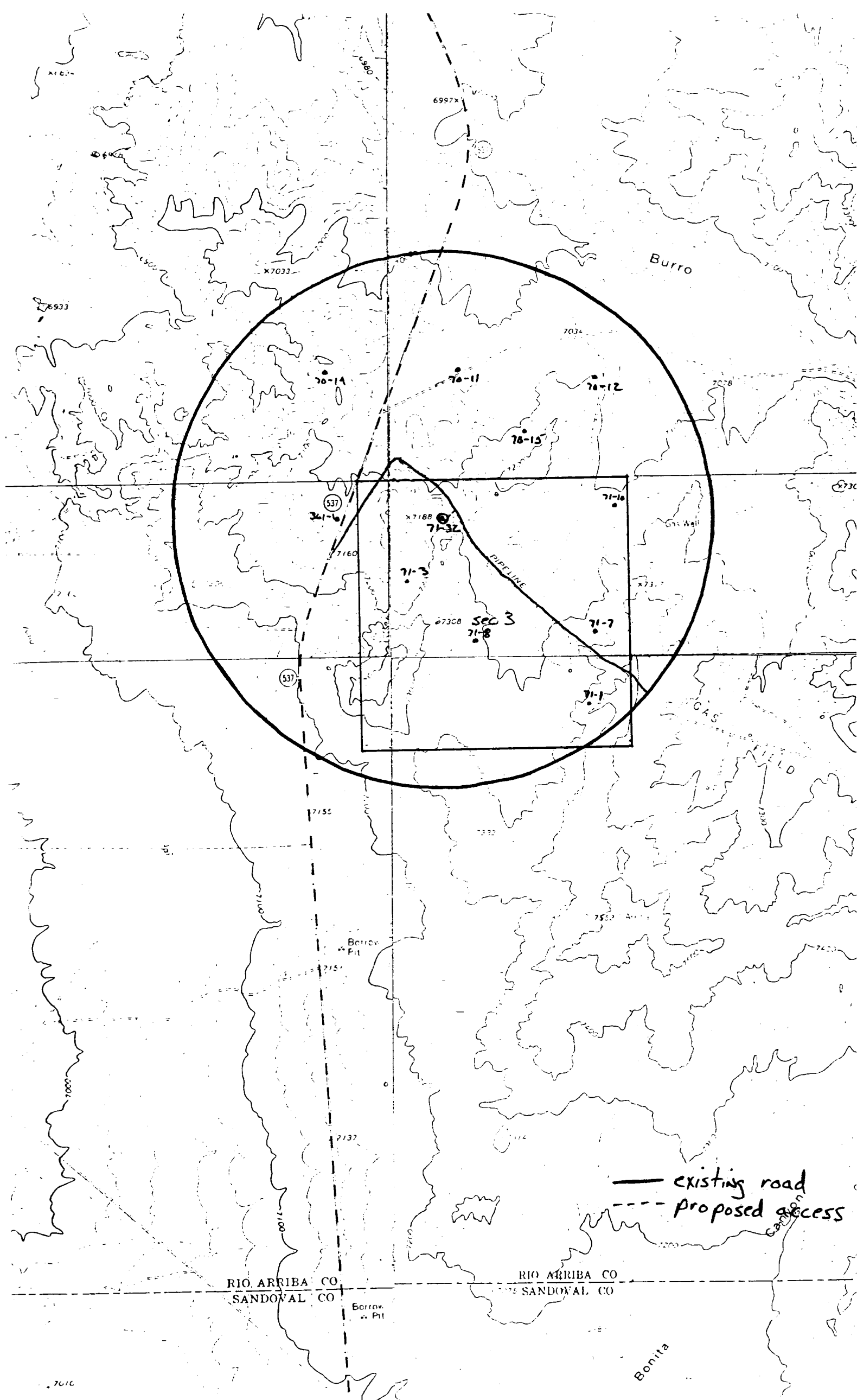
Name  
x Monte Anderson  
Position  
x Geologist  
Company  
x Chace Oil  
Date  
x 6-5-84

I hereby certify that the well location shown on this plat was plotted from field notes of actual survey made by me or under my supervision and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
March 20, 1984  
Registered Professional Engineer and/or Land Surveyor

Michael Daly

Certificate No.  
5992



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 ☒ 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 and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
Unit 'C' - 1653' FWL & 711' FNL

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7172' GR

Tribal Contract #71  
8. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Tribal Cont. #71

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

South Lindrith, Gallup Dakota  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 3, T23N, R4W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRAC TURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRAC TURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Rotate well pad 180° so there will be less cut and fill.  
See attached plat.

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

SIGNED Monte Anderson

TITLE Geologist

DATE May 15, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE JUN 24 1985

CONDITIONS OF APPROVAL, IF ANY:

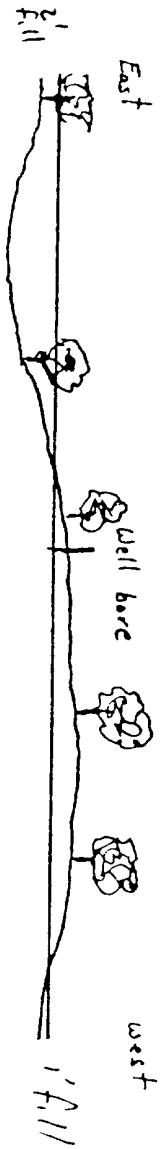
/s/ J. Stan McKee

For M. MILLENBACH  
AREA MANAGER

\*See Instructions on Reverse Side

BIA-DULCE NM O & C

Chace 011 11-5C  
Horizontal Scale: 1" = 50'  
Vertical Scale: 1" = 20'



Chace Oil #71-32  
Scale: 1" = 50'

