

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
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 'F', 1761' FWL & 1873' FNL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7375' GR

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract #47

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Tribal Contract #47

9. WELL NO.
4716

10. FIELD AND POOL, OR WILDCAT
South Lindrith, Gallup Dakota

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Section 13, T23N, R4W

12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

RECEIVED
JUN 10 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)

Ran 187 joints of 4 1/2" 11.6 lb/ft N-80 casing set at 7550' KB. Guide shoe at 7549' KB. Float collar at 7507'. D. V. tool at 3187'. Cement baskets at 2501', 6781', 4967', 4510'. First stage: pumped 20 bbls. Flo-chek 21. Cemented first stage with 1250 sks (1788 CF) 50/50 pozmix, 2% gel, 6 1/4 lb/sk Gilsonite, 6 lb/sk salt. Plug down at 11:30 a.m. Opened D. V. tool. Circulated upper stage 3 hours. Second stage: pumped 20 bbls Flo-chek 21. Cemented second stage with 575 sks (1219 CF) 65/35 pozmix, 6% gel, 12 1/4 lb/sk Gilsonite. Tailed in with 50 sks (59 CF) Class B neat. Plug down at 3:30 p.m. on 6/6/85. Circulated 25 bbls. cement to surface.

RECEIVED
JUN 12 1985
OIL CON. DIV.
DIST. 3

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

SIGNED D. W. Miller TITLE President DATE June 7, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC