

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>Jicarilla Contract #47             |
| 2. NAME OF OPERATOR<br>Chace Oil Company, Inc.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>Jicarilla Apache                  |
| 3. ADDRESS OF OPERATOR<br>313 Washington SE, Albuquerque, New Mexico 87108   |  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>2194 FSL and 2171 FEL, Unit 'J' |  | 8. FARM OR LEASE NAME<br>Jicarilla Tribal Contract 47                     |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>47-35  |
| 15. ELEVATIONS (Show whether DV, HT, GR, etc.)<br>7231' GR   |  | 10. FIELD AND POOL, OR WILDCAT<br>South Lindrith-Gallup Dakota            |
|  |  | 11. SEC., T., R., M., OR B.L. AND<br>SURVEY OR AREA<br>Sec. 14, T23N, R4W |
|  |  | 12. COUNTY OR PARISH<br>Rio Arriba  |
|  |  | 13. STATE<br>New Mexico   |

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"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         |
| (Other) Extension of APD approval            | X   |

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>        | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <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.)\*

We are hoping to have this well spudded by August 27, 1987 (current APD expiration date) but would like to request an extension of six (6) months from August 27, 1987.

RECEIVED  
BLM MAIL ROOM  
87 JUL 23 AM 9:07  
FARMINGTON RESOURCE AREA  
FARMINGTON, NEW MEXICO

RECEIVED  
AUG 03 1987  
OIL CON. DIV.  
DIST. 3

Approved Until 2/27/88

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

SIGNED Monte Anderson TITLE Geologist

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

LS

\*See Instructions on Reverse Side

APPROVED

DATE 7/21/87

JUL 29 1987  
DATE

James Kella  
AREA MANAGER  
FARMINGTON RESOURCE AREA