UNITED STATES SUBMIT IN TRIPLICATE Other instructions on reverse side) UNITED STATES **GEOLOGICAL SURVEY**

Form approved. Budget Bureau No. 42-R1424 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTER OR TRIBE NAME

NM 0554433

SHINDRY	NOTICES	AND	REPORTS	ON	WELLS
ז אערוטכ	INO IICES	MINU	KEPUK13	UIA	MELL'2

(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.					•			7.	UNIT	AGRESM	ENT NA	ū
	WELL		gas Well	\square	OTRER				- '			
2.	NAME	OF OP	CRATOR			 	 	18.	PARM	OR LWA	RE WAN	=

Chace Oil Company, Inc. Rusty Federal ADDRESS OF OPERATOR 9. WELL NO.

313 Washington, S.E., Albuquerque, N.M. 87108 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface

10. PIBLD AND POOL, OR WILDCAT Wildcat

800 FSL, 800 FEL

11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA

15. BLEVATIONS (Show whether DF, RT, GR, etc.) 14. PERMIT NO. 6990' GR

Sec. 11, T22N, R7W 12. COUNTY OF PARISH 18. STATE Sandova1 N.M.

16.

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:				
	<u> </u>				_		
EST WATER SHUT-OFF	<u> </u>	PULL OR ALTER CASING		WATER SHUT-OFF REPAIRING WELL	_		
RACTURE TREAT		MULTIPLE COMPLETE		PRACTURE TREATMENT ALTERING CASING			
HOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIDIZING ABANDONMENT*			
EPAIR WELL		CHANGE PLANS		(Other) Drilling Report:	X		
Other)				(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.)*

August 16, 1974 - 10 AM Drilling @3914 - TD 4100' - condition hole, log, and run casing

18. I hereby certify that the foregoing is true and correct President SIGNED TITLE (This space for Federal or State office use) APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side