

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0554433

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rusty Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 11, T22N, R7W

12. COUNTY OR PARISH

Sandoval

13. STATE

N.M.

1. OIL ☐ GAS ☒ WELL ☒ OTHER

2. NAME OF OPERATOR

Chace Oil Company, Inc.

3. ADDRESS OF OPERATOR

313 Washington, S.E., Albuquerque, N.M. 87108

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

800 FSL, 800 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

6990' GR

16. 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 PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Drilling Report ☒

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.)\*

August 15, 1974 - 9 AM - Rig down for repair approximately 8 hours.  
Making a trip @ 3270 - Mud Wt. 9.0, Viscosity 38,  
Water Loss 7.4 - 530 feet in the last 24 hours.

Time	Depth	Units
3:50 PM @ 3480'	3326-3333	40
	3352-3355	60
	3355-3358	70
	3387-3399	700 1-2-3-4-5
	3418-3440	30-60
	3440-3445	60

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

SIGNED

TITLE President

DATE 8-15-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

AUG 20 1974

*St*