

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 0556258

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gulf Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Sec. 13, T22N, R7W

12. COUNTY OR PARISH 13. STATE

Sandoval

N.M.

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

Chace Oil Company

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

Unit C 500 FNL, 1800 FWL

14. PERMIT NO.

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

7022 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)

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.)*

Actual PBD - 3961'

3-26-75 Perforated 3915-19' - 2 shots per foot - Swabbing water
Sli gas and oil.

3-29-75 Oil increasing on above perforations - went in and perforated
more section from 3929-39' - swabbing.

4-2-75 Acidized perforations with 200 gals 15% Hcl and oil -
Pumped in 3 bbls. per. min. at 2800#. Formation broke back to
2000# - Ran 42 balls and 74 bbls. Oil and acid.

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

SIGNED

John J. McCarty

TITLE

President

DATE 4-3-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

SK

DATE

*See Instructions on Reverse Side