

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ 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. See space 17 below.)

Unit 'K' - 1650' FSL & 1800' FWL

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

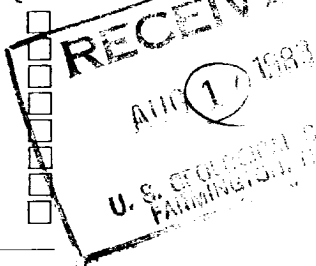
MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☒

(other)

SUBSEQUENT REPORT OF



5. LEASE

NOO-C-14-20-5360

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rusty Navajo

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Rusty Chacra

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

Sec. 23, T22N, R7W

12. COUNTY OR PARISH 13. STATE

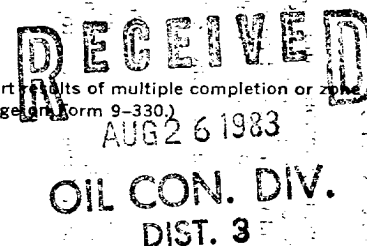
Sandoval

New Mexico

14. API NO.

30-043-20219

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6774' GL, 6787' KB



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.)*

Plugging operations to begin the week of August 22, 1983.
Move in workover rig. Squeeze cement perforations from 1540'-1743'
with 50 sks. Class B neat (59 CF) cement. Set a cement
plug from a depth of 50' to surface. Set marker in cement.
Blade location. Rehab.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

D. W. Miller

TITLE President

DATE

August 15, 1983

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AS AMENDED

AUG 16 1983

M. Millenbach
M. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC