Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 well ☐ 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.)
AT SURFACE: Unit 'K' - 1650' FSL & 1800' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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
Sandoval

13. STATE
New Mexico

14. API NO.
30-043-20219

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

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☒		☐
(other)			

RECEIVED
AUG 1 1983
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

RECEIVED
AUG 26 1983
OIL CON. DIV.
DIST. 3

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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. Mueller 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 22 1983
A. MILLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMOCC