

UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
 (Other instructions on reverse side)

Form approved.
 Budget Bureau No. 1004-0135
 Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
APR 30 1985

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 and in accordance with any State requirements.*
 See also space 17 below.)
 At surface
 Unit 'A', 790' FNL & 1190' FEL

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 6731' GR

5. LEASE DESIGNATION AND SERIAL NO.
 NOO-C-14-20-5362

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
 Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
 Rusty Navajo

9. WELL NO.
 6

10. FIELD AND POOL, OR WILDCAT
 Rusty Chacra

11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
 Section 27, T22N, R7W

12. COUNTY OR PARISH
 Sandoval

13. STATE
 NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

The following plugging procedure is submitted for your consideration. Operations are to begin sometime between May 1, 1985 and May 10, 1985.

Pull tubing; tie onto casing. Pump a total of 134 sks (158 CF) of 13.0 lb/gal Class B cement.

111 sks (172 CF) to fill 4 1/4" casing.
 23 sks (35 CF) into formation.

Shut well in until cement sets, 24 hours.
 Set a dry hole marker.
 Fill production pit, blade, and reseed location.

RECEIVED
MAY 05 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Frank A. Welton TITLE Production Engineer

DATE April 23, 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
 CONDITIONS OF APPROVAL, IF ANY:

APPROVED

MAY 01 1985

AREA MANAGER
 FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCG