

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 "A" 790' NL & 790' EL
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

JICARILLA 5A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CHACE APACHE 54

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

CHACON DAKOTA ASSOC.

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

Sec. 33 T23N - R3W

12. COUNTY OR PARISH

SANDOVAL

13. STATE

NEW MEXICO

14. API NO.

30-043-20350

15. ELEVATIONS (SHOW DF, KDB, AND WD)

7030' 7368' 7358'

(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.)*

INTENT TO ABANDON

Plan to abandon because no economical production was encountered.

Will set plug as follows:

7000' - 7150'
4350' - 4450'
2875' - 2975'
2300' - 2550'
225' - 275'
Surface Marker

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Ray M. Cary TITLE President DATE 11-18-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side