

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Chace Oil Company, Inc.</p> <p>3. ADDRESS OF OPERATOR 313 Washington S.E. Albuquerque, NM 87108</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit "A" 790' NL &amp; 790' EL</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. Jicarilla 54</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Chace Apache</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT Chacon Dakota Assoc</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33 T23N R3W</p> <p>12. COUNTY OR PARISH Sandoval</p> <p>13. STATE NM</p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Plugging</u>	

(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.)\*

Verbal permission as per Mr. Jerry Long.

11/15/79  
Used 49 bbls Class "B" Cement plus 10 sxs to set marker.

Plugs set as follows:

7000' - 7150'	9 bbls
4350' - 4450'	6 bbls
2875' - 2975'	6 bbls
2300' - 2550'	15 bbls
225' - 275'	3 bbls

Set Dry Hole Marker at surface with 10 sxs.

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

SIGNED Roy W. Cary TITLE President DATE 11-20-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: