

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.) Unit "A" 490' NL and 330' EL
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) Spud well

SUBSEQUENT REPORT OF:

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5. LEASE

NM 25311

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rattlesnake - Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat

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

Sec. 19, T21N, R7W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

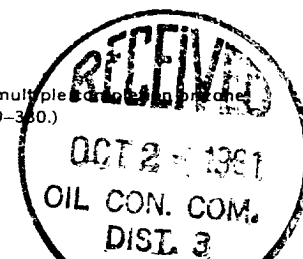
14. API NO.

30-043-20589

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

6773' GR

(NOTE: Report results of multiple completions on one 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.)*

9/28/81 Four Corners Drilling Company rigged up. Spudded well at 3 PM.
Set 5 joints 23# 8-5/8" surface casing. 214.75' of pipe set at
226.75' K.B. Cemented with 225 sxs Class "B" cement, 3%
calcium chloride.

Plug down at 8:45 P.M.

9/29/81 Drilling at 8:30 AM.

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 9/29/81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: