

## SUNDRY NOTICES AND REPORTS ON WELLS

1. oil ☒ gas ☐ 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

--	--	--	--	--	--	--

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 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.)\*

10/9/81      Permission received from Dean Elliott,

U.S.G.S. Farmington, NM to plug.

See subsequent Report



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED K. A. Stoker TITLE Geologist DATE 10/12/81

(This space for Federal or State office use)

APPROVED BY John A. Keller TITLE Acting Dist. Super. DATE Nov 2 1964  
CONDITIONS OF APPROVAL, IF ANY:

CONDITIONS OF APPROVAL, IF ANY:

m<sup>2</sup>

\*See Instructions on Reverse Side

NMCCG