

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

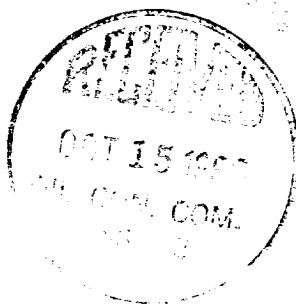
| | | | |
|---|--|---|--|
| 1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Old well deepened | | <div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 10 1980 U. S. GEOLOGICAL SURVEY FARMINGTON, N. M. </div> | 5. LEASE DESIGNATION AND SERIAL NO. Jicarilla 70 |
| 2. NAME OF OPERATOR Chace Oil Company, Inc. | | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache |
| 3. ADDRESS OF OPERATOR 313 Washington SE Albuquerque, NM 87108 | | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit "M" 620' WL and 490' SL | | | 8. FARM OR LEASE NAME Jicarilla 70 |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7004 DF | 9. WELL NO. 1 |
| | | | 10. FIELD AND POOL, OR WILDCAT Gallup Dakota Lindrith S. |
| | | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T24N, R4W |
| | | | 12. COUNTY OR PARISH Rio Arriba |
| | | | 13. STATE NM |

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>Well Potential</u> | |
| (Other) | | (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.)*

9/27/80 Ran 24 hr. test .875 choke. Well produced 50 bbls of oil per day and 225 Mcf per day plus 10 bbls water per day.
See attached chart for pressures and volumes.



ACCEPTED FOR RECORD

OCT 11 1980

FARMINGTON DISTRICT

BY [Signature]

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE President DATE 10/2/80

(This space for Federal or State office use)

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