

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-11424.

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>Jicarilla 363</b>
2. NAME OF OPERATOR <b>Chace Oil Company, Inc.</b>	6. INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla Apache</b>
3. ADDRESS OF OPERATOR <b>313 Washington, S.E., Albuquerque, N.M. 87108</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface Unit O 800 FSL, 1700 FEL Section 21, T-24-N, R-4-W</b>	8. FARM OR LEASE NAME <b>Jicarilla 363</b>
	9. WELL NO. <b>1</b>
	10. FIELD AND POOL, OR WILDCAT <b>Undesignated</b>
	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA <b>Sec. 21, T-24-N, R-4-W N.M.P.M.</b>
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE <b>Rio Arriba N.M.</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>8859' GK</b>	

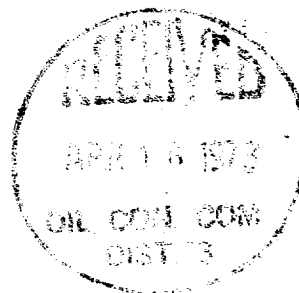
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 ACIDISING <input type="checkbox"/>	ABANDONMENTS <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion or 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.)\*

4-11-73 Drilling at 4800'  
Mud wt. 9#, Vis. 34, WL 9.5 cc - No shows of importance  
Slight increase (20 Units) from 4500' - 4610' - indicative  
of Coal Beds in Menefee



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

SIGNED _____	TITLE <b>President</b>	DATE <b>4-11-73</b>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

