

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R455.6.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input checked="" type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR						5. LEASE DESIGNATION AND SERIAL NO.	
Chace Oil Company, Inc.						Contract 70	
3. ADDRESS OF OPERATOR						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
313 Washington SE, Albuquerque, NM 87108						Jicarilla Apache	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						7. UNIT AGREEMENT NAME	
At surface Unit B 1190'NL & 1455' EL						8. FARM OR LEASE NAME	
At top prod. interval reported below						Jicarilla 70	
At total depth same						9. WELL NO.	
14. PERMIT NO.						4	
DATE ISSUED						10. FIELD AND POOL, OR WILDCAT	
15. DATE SPUDDED						Ballard	
16. DATE T.D. REACHED						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA	
17. DATE COMPL. (Ready to prod.)						Sec. 33 T24N-R4W	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*						12. COUNTY OR PARISH	
7032'GR						Rio Arriba	
19. ELEV. CASINGHEAD						13. STATE	
7034'						NM	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
3250		3030'		--		ROTARY TOOLS	
						0-3250	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						CABLE TOOLS	
Pictured Cliffs - 2833½' - 2846½'						0	
25. WAS DIRECTIONAL SURVEY MADE						26. TYPE ELECTRIC AND OTHER LOGS RUN	
yes						Induction & Density Logs	
27. WAS WELL CORED						NO	
29. CASING RECORD (Report all strings set in well)							
CASING SIZE		WRIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
8 5/8 "		24#		90'		13½"	
4 1/2 "		915#		3061'		7 7/8"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
1 ½"		2840'		none			
31. PERFORATION RECORD (Interval, size and number)							
2833½' - 2846½'							
2 shots per foot							
32. ACID, SHOT FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
2833½'				Frac'd with 40,000#			
2846½'				10-20 sand & 31,500 gals			
				slick water.			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
1-10-77		Flowing				Shut-in	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
2-5-77		3		3/4"		OIL—BBL. →	
FLOW, TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
20 psig		160 psig		→		GAS—MCF. →	
						366	
						WATER—BBL. →	
						Trace	
						GAS—OIL RATIO	
						0	
						OIL GRAVITY-API (CORR.)	
						0	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
Shut in waiting on pipeline						Don McCoy	
35. LIST OF ATTACHMENTS						1977	
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records							
SIGNED		Lester McCoy				DATE	
		President				2-11-77	

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary report is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. (Consult local State or Federal office for specific instructions.)

Item 10: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Socks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION TEST, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAN. DEPTH	TRUE VERT. DEPTH
Ojos ured Cliffs	2370 2828	2518 2846	VP Sand - water Sand	Same as porous zones		