

COLEMAN DRILLING CO.

DRAWER 3337  
FARMINGTON, N. M. 87401

PHONE: (505) 325-6892  
(505) 327-4935

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JANUARY 28, 1980

CHACE OIL COMPANY  
313 WASHINGTON S.E.  
ALBUQUERQUE, NEW MEXICO 87108

THIS LETTER IS TO CERTIFY THAT COLEMAN DRILLING COMPANY DID RUN DEVIATION  
SURVEY AT THE LISTED DEPTHS ON YOUR JICARILLA # 7046, NE 1/4 SECTION 27,  
T-24-N, R-4-W IN RIO ARRIBA COUNTY, NEW MEXICO.

DEPTH	DEGREE DEVIATION
259'	1/2°
763'	1/2°
1260'	3/4°
1668'	2 1/2°
2168'	2°
2668'	1 3/4°
3036'	1 1/2°
3536'	1 1/4°
3822'	1°
4311'	1°
4809'	1 1/4°
5702'	1 1/2°
6400'	1 1/2°
7171'	1°
7453'	2°

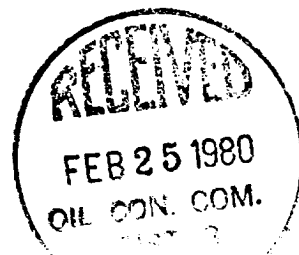
TO THE BEST OF MY KNOWLEDGE, I SWEAR THIS INFORMATION TO BE TRUE.

GEORGE E. COLEMAN

*George E. Coleman*  
PRESIDENT



OFFICIAL SEAL  
My Comm. expires on: JANUARY 2, 1984  
*Maibye D. Long*



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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 "A" 790' NL and 790' EL	8. FARM OR LEASE NAME Jicarilla
	9. WELL NO. 6
	10. FIELD AND POOL, OR WILDCAT Gallup Dakota Lindrith South
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T24N, R4W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7059 GR
	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) Spud Date	

(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.)\*

This well was spudded on December 3, 1979.



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

SIGNED

*Ray M. Cary*

TITLE President

DATE 1/15/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side