

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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"/>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 16 1980 </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 "I" 1850' SL and 790' EL			8. FARM OR LEASE NAME Jicarilla 70
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7055 GR	9. WELL NO. 7
			10. FIELD AND POOL, OR WILDCAT S. Lindrith Gallup Dakota
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Well Potential</u>	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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.) *

9/26/80 Tested well 3 hrs. through .875 choke. Flowed 45 Mcf and 9 bbls of oil, 1 bbl of water in 3 hrs.
24 hr. projection - 72 bbls of oil per day, 360 Mcf per day and 8 bbls water per day. Flow chart attached.



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:

*See Instructions on Reverse Side

BW

J.C. 70-7
Flow
.875 Plate

1125 ESS
150 TGS
9 BBLs oil

9/26/80

15 MCF PANKUW
3K 45 MCF
54 KMC 360 MCF

