

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

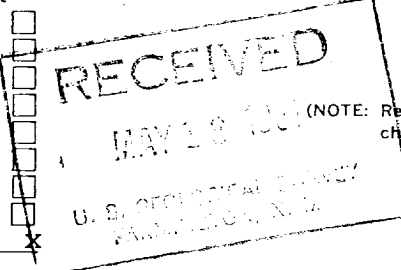
1. oil ☒ well ☐ gas well ☐ other
2. NAME OF OPERATOR
Chace Oil Company, Inc.
3. ADDRESS OF OPERATOR
313 Washington, SE Albug., NM 87108
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
Unit "K". Sec. 27, T24N, R4W
AT SURFACE:
AT TOP PROD. INTERVAL: 1850/5-1750/W
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

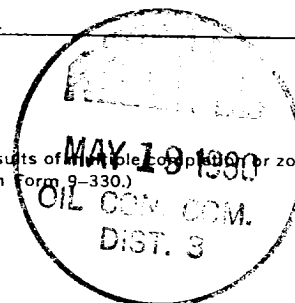
(other) Well progress

SUBSEQUENT REPORT OF:



5. LEASE
Jicarilla 70-8
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla 70
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
Lindreth Gallup-Dakota South
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T24N, R4W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7007' GR

(NOTE: Report results of multiple completions or zone change on Form 9-330.)



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.)*

5/07/81 M Construction prepared location and road.

5/08/81 Mote set deadmen

5/12/81 Rigged up, drilled rat and mouse hole - drilled 211' of 9 5/8" surface casing (KB depth 227'), cemented with 205 sacks Class B cement and 2% cc., Plug down at 12:00 p.m. Cement circulated to 10' of surface, lost circulation-Halliburton went in surface with 1" pipe, filled hole with 20 sxs class B cement. WOC

(See reverse side)

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Loyce McCary TITLE President DATE 5/14/81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAY 18 1981

FARMINGTON DISTRICT
BY [Signature]