UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Jicarilla 70
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
decedione of the second of the	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Oo not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9-331-C for such proposals.)	
eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🗍	Jicarilla 70
well Well other	9. WELL NO. 5
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Chace Oil Company, Inc.	S. Lindreth Gallup-Dakota
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
313 Washington, S.E. Albug. NM 87108	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Unit "C" 790' NL & 1850' WL	Sec. 27, T24N R4W
below.) Unit "C" 790' NL & 1850' WL AT SURFACE:	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba N. Mex.
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	30-039-21827
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7007' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	The state of the s
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
KEPAIR WELL	change on Form 9-330.)
PULL OR ALTER CASING MULTIPLE COMPLETE	
ARANDON*	14.204. A 14.2
(other) Gas connection	and the same of th
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.)	ent to this work.)*
Gas Connection made on Septmeber 4, 19	81 at 10:50 a.m.
with El Paso Natural Gas Company.	
With hi rade and	ECEIVE
	/RELEIVED\
	E the field from the Land
	SEP 1 1 1981
	1
	OIL CON. COM.
	DIST. 3
	Set @ F
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct	
Dresident	9/4/81
SIGNED	
(This space for Federal or State	office use)
APPROVED BY	DATEODD
APPROVED BY THE CONDITIONS OF APPROVAL, IF ANY:	LPT TIPL DAR
	TP 10 1981

*See Instructions on Reverse Side

NMOCG

IN SME BY ___