

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1456  
5. LEASE DESIGNATION AND SERIAL NO.

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
2. NAME OF OPERATOR Chace Oil Company, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 313 Washington, S.E., Albuquerque, New Mexico 87108		8. FARM OR LEASE NAME Jicarilla 71	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface K Unit 1850' SL, 2390' WL of Sec. 9, T-23-N, R-4-W		9. WELL NO. 4	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Ballard	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 7068 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-23-N, R-4-W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE N.M.

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐

(Other) Change Well Number

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

(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.)\*

In order to assist the State's Computer set-up it was suggested that the numbering of this well be changed. The previous well number was the 2-9.

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

SIGNED

*Raymond W. Cary*

TITLE

President

DATE

8-31-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE