

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Use 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.)

Jicarilla Contract #47

6. IF INDIAN, ALIEN, OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla Tribal Cont. #47

9. WELL NO.

34

10. FIELD AND POOL, OR WILDCAT

South Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Section 14, T23N, R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

OF WELL ☒ CAS WELL ☐ OTHER

NAME OF OPERATOR

Chace Oil Company, Inc.

ADDRESS OF OPERATOR

313 Washington SE, Albuquerque, NM 87108

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

Unit "H", 2310' FNL and 800" FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DV, HT, OR, ETC.)

7270' GR

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)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANT

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

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.)

This is a request to extend the approval of the APD for a six (6) month period.

RECEIVED

OCT 16 1989

OIL CON. DIV.
DIST. 3

MAY 02 1990

THIS APPROVAL EXPIRES

APPROVED

9/25/89

DATE

OCT 12 1989

DATE

AREA MANAGER
FARMINGTON RESOURCE AREA

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

SIGNED

TITLE

Vice President, Production

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side