

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-5358
2. NAME OF OPERATOR Chace Oil Company, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR 313 Washington, SE, Albuquerque, New Mexico 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 'A' - 790' FNL & 800' FEL	8. FARM OR LEASE NAME Rusty Navajo
14. PERMIT NO.	9. WELL NO. 117
	10. FIELD AND POOL, OR WILDCAT Rusty Chacra
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 23, T22N, R7W
15. ELEVATIONS (Show surface or bottom of hole) 6850' GR	12. COUNTY OR PARISH Sandoval
	13. STATE New Mexico

RECEIVED  
MAY 22 1985

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) \*

5/15/85: Pulled tubing out of well.

5/16/85: Pumped 130 sks (202 CF) of 13.0 lb/gal Class B cement.  
107 sks (166 CF) to fill 4 1/2" casing.  
23 sks (36 CF) pumped into formation.  
Shut well in.

A dry hole marker will be set the week of 5/20/85. The production water pit will be filled, and the location will be restored.

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

SIGNED Frank C. Calkins TITLE Production Engineer DATE May 20, 1985

(This space for Federal or State office use)

APPROVED BY John G. Keller TITLE For DATE May 20, 1985

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC