UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

5. LEASE
Jicarilla 70
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicarilla 70
9. WELL NO.
7
10. FIELD OR WILDCAT NAME 1up-
Lindreth S. Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 27, T24N-R4W
12. COUNTY OR PARISH 13. STATE
Rio Arriba N. M.
14. API NO.
_
<u>30-039-2</u> 1827_

	JICATILIA ADACHE_			
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME			
(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.)	8. FARM OR LEASE NAME			
1. oil 🚗 gas 🗇	Jicarilla 70			
well x well other	9. WELL NO.			
2. NAME OF OPERATOR				
Chace Oil Company, Inc.	10. FIELD OR WILDCAT NAME 1 up-			
3. ADDRESS OF OPERATOR 87108	Lindreth S. Dakota			
313 Washington, S.E. Albuq., N.M. 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
below.)	Sec. 27, T24N-R4W			
AT SURFACE: Unit I	12. COUNTY OR PARISH 13. STATE			
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 1850' SI, & 790' EI,	Rio Arriba N. M.			
AT TOTAL DEFIN. 1850 SE & 190 EE	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:	7055 ' GR			
TEST WATER SHUT-OFF	(NOTE: Report results of multiple completion or zone change on Form 9–330.)			
(one) connecting well to pipeline for gas	s saies.			

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 well connected to El Paso Gas Company's pipeline for first delivery @ 12:30pm on 1/6/81



					م كانتمنتيد.
Subsurface Safety Valve: Manu. and Typ	oe			Set @	Ft.
18. I hereby certify that the toregoing is	true and correct				
SIGNED Coyce Mi	Carrie_	President	DATE	1/17/81	
	(This space for	Federal or State office u			
APPROVED BY	TITLE		DATE _	FEELPTED FEEL	ECGEN
	_				