Form 9-331

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

## UNITED STATES

SUBMIT IN TRIPLICATE*			
(Other instructions	on	re-	
verse side)			

Form approved, Budget Bureau No. 42-R1424.

REPAIRING WELL

ALTERING CASING

ABANDON MENT\*

4. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OF PARISH 13. STATE San Juan NM	
		Sec. 23, T31N, R16W	
τ	Jnit "A" 790' NL & EL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
See also spa At surface	ce 17 below.)	Straight Canyon Dakota	
3.	13 Washington S.E. Albuquerque, NM 87108  F WELL (Report location clearly and in accordance with any State requirements.*	2	
. ADDRESS OF	OPERATOR	9. WELL NO.	
CH	HACE OIL COMPANY, INC.	Chace Ute	
. NAME OF OF		8. FARM OR LEASE NAME	
OIL .	GAS WELL X OTHER	7. UNIT AGREEMENT NAME	
(Do not	tuse this form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)	UTE	
	SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRASE NAME	
	GEOLOGICAL SURVEY	MOO-C-1420-1935/	
May 1963)	DEPARTMENT OF THE INTERIOR (Other instructions of verse side)	5. LEASE DESIGNATION AND SERIAL NO.	

REPAIR WELL CHANGE PLANS (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.) \*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Well contained no commercial hydrocarbons. Will plug and abandon on or about 6-15-78.

Oral approval from U.S.G.S. received 6-14-78.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

SIGNED SI	President	DATE 6-14-78
(This space for Federal or State office use)  APPROVED BY		REIVED

JUL 1 1 1978