

U

30-045-23002

4-13-78

F. Loc. 800/N; 800/W

Elev. 5703 GL

Spd.

Comp.

TD

PB

Casing S.

W

Sx.

Int.

W

Sx.

Pr.

W

Sx.

T.

Csg. Perf.

Prod. Stim.

T
R
A
N
S

I.P. B.O.D.

MCF D After

Hrs.

SICP

PSi After

Days GOR

Grav.

1st Del.

s

TOPS		NITD	X	Well Log	TEST DATA								
Kirtland		C-103		Plat	X	Schd.	PC	Q	PW	PD	D	Ref. No.	
Fruitland		C-104		Electric Log									
Pictured Cliffs				C-122									
Cliff House		Ditr		Dfa									
Menefee		Datr		Dac									
Point Lookout		160											
Mancos													
Gallup													
Sanostee													
Greenhorn													
Dakota													
Morrison													
Entrada													

P

P
O
O
I

Dak Co. SJ S 24 T 31N R 16W U D Oper. Chace Oil Company, Inc. Lse. Chace Ute

No. 1

Chace Ute #1

D-24-31N-16W

Chace Oil Company, Inc.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

M00-C-1420-1935

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 ☐ GAS WELL ☒ OTHER ☐
2. NAME OF OPERATOR
CHACE OIL COMPANY, INC.
3. ADDRESS OF OPERATOR
313 Washington S.E., Albuquerque, NM 87108
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit "D" 800' NL & 800' WL

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5703 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT ON:

WATER SHUT-OFF	☐
FRACTURE TREATMENT	☐
SHOOTING OR ACIDIZING	☐
(Other)	☐

REPAIRING WELL	☐
ALTERING CASING	☐
ABANDONING WELL	☒

(NOTE: Report Results of Multiple Completion or 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.)*

Due to the Chace Ute #2 well being dry this location will not be drilled since it is an offset. All pits have been filled and location restored. Seeding will be done at proper time.

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

SIGNED George M. Cary TITLE President

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

JUN 23 1978

GEOLOGICAL SURVEY

DATE 6-20-78