	UNITED STATES PARTMENT OF THE INTER BUREAU OF LAND MANAGEMEN		5. LEASE DESIGNATION AND SERIAL NO.
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.)			14-20-604-90
			7. UNIT AGREEMENT NAME
WELL AS WELL OTHER			Ute Mountain Ute
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Chase Energy, Inc.			Ute Mountain "B"
3. ADDRESS OF OPERATOR			9. WBLL NO.
1010 North Dustin, Farmington, N. M. 87401  1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below)  At surface			10. FIELD AND POOL OR WILDCAT
			!
			Verde Gallup
RECE 727 pents1; 886' fwl		11. SEC., T., B., M., OR BLK. AND BURVEY OR AREA	
		Sec 29, T31N, R15W NMPM	
14. PERMIT NO. A 4000 IS ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH 13. STATE	
FEB 1. 4 1989	5464'		San Juan N.M.
Durango, Coloradoneck Appropriate Box To Indicate N		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTUBE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other) Report results	of multiple completion on Well
Other Temporary	-	Completion or Recomp	letion Report and Log form.)
17 DESCRIBE PROPOSED OR COMPE proposed work. If well is nent to this work.) *	ETECHIFRATIONS (Clearly State all pertines directionally drilled, give subsurface loc	ont details, and give pertinent dates. actions and measured and true vertice.	. including estimated date of starting any al depths for all markers and zones perti-
We intend to e well is cased be no harm res well. It will is attempted.	still a high probabilization the deeper for to 1600' and is cemeral to the contraction of the contraction and the construction and the construction and the construction of the contraction of the construction of the constructio	rmations when finar nted back to the su inued temporary aba	nces permit. This urface. There can andonment of this

Ang is true and correct TITLE \_ Secretary (This space for Feder APPROVED BY \_\_\_\_\_\_\_\_ CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

\*See Instructions on Reverse Side