

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR  
Chace Oil Company, Inc.

3. ADDRESS OF OPERATOR  
313 Washington, SE, Albuquerque, NM 87108

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: Unit 'G' - 1850' FNL & 1850' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Spud

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RECEIVED (NOTE: Report results of multiple completion or zone change on Form 9-330)

SEP 19 1983

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE  
Tribal Contract #47  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Apache  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Jicarilla Tribal Contract #47  
9. WELL NO.  
47-6-111  
10. FIELD OR WILDCAT NAME  
Chacon Dakota/Undesignated Gallup  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 12, T23N, R4W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
7353' GL

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.)\*

Spudded @ 4:30 P. M. on 9/14/83. Ran 5 joints of 8 5/8", 24#, K-55 casing, total of 202', set @ 215' KB. Cemented with 170 sks (200 CF) Class B neat, 3% calcium chloride, 1/4# Flocele per sack. Plug down @ 9:00 P. M. on 9/14/83. Circulated 3 barrels to surface.

Subsurface Safety Valve: Manu. and Type

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

SIGNED [Signature] TITLE President

DATE September 15, 1983

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

NMOCC

SEP 21 1983

FARMINGTON RESOURCE AREA