16.

UNITED STATES

SUBMIT IN TRIPLICATES (Other instructions on re-

Form approved. Budget Bureau No. 42-R1426 5. LEASE DESIGNATION AND SERIAL NO.

Rio Arriba

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	1001	~ 15	33./E	v		

	Jicarilla 70 G. IF INDIAN, ALLOTTER OR TRIBE NAME dicarilla Apache	
SUNDRY NO (Do not use this form for pr		
OIL GAS WELL OTHE		T. UMET AGENCHENT NAME
Chace Uil Company, I	nc.	Jicarilla 70
313 Washington, S.E. LOCATION OF WELL (Report locations also space 17 below.) At surface	on clearly and in accordance with any State requirements.	3 10. PIRCO AND POOL, OR WILDCAT Lindrith Gallup -Dak. S
1590' FWL - 1080' Fi		Sec. 33 T24N-R4W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO: REPAIRING WALL PULL OR ALTER CASING ALTERING CASING MULTIPLE COMPLETE SHOOTING OR ACIDIZING ABANDONMENT⁴ ARANDON* Progress (Norz: 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.)*

Ran sch. T.D.T. Log from 4500' 2600'. Pulled 6081.74' of 2 3/8" tbg. Ran correlation and bond logs. Perforated from 2708 - 18' - 2 shots per foot (3 1/8" Bullets) Set Guiberson Retrivable Bridge Plug at 2834. Pulled tbg up to 2717. Broke down perfo. Break down pressure 1600 # ISIP 200# swabbed water and gas. Pulled tubing Fraced well with 250 gal 7'% HCL, 357 Bbls slick water and 15000# of Z0-40 Sand. ISIP 250#, SI after 15" 100# - after 40" 210#. SI 2 hrs. opened well flowed 1 hr. swapped well in - flowed well off and on three days to clean up. SI for pressure Build up 4-21-76.

DIL CON. COM SIGNED (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

New Section 2.18