

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-21424.

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla 363

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 363

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 21, T-24-N, R-4-W
N.M.P.M.

12. COUNTY OR PARISH

13. STATE

Rio Arriba N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Chace Oil Company, Inc.

3. ADDRESS OF OPERATOR

313 Washington, S.E., Albuquerque, N.M. 87108

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
See also space 17 below.)

At surface Unit 0 800 FSL, 1700 FEL Section 21,
T-24-N, R-4-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6853' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

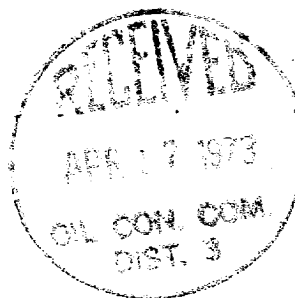
ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on 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.)*

4-13-73 Drilling @ 5468' - Mud wt. 9#, Vis. 32, WL 8.5 cc
Trip for bit @ 5468' - Same Gas kicks below Point
Lookout as the 70-3 well. Should get into the
Gallup tonight.



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

SIGNED

TITLE

President

DATE

4-13-73

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APR 13 1973

