5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	Jicarilla 70 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEY	Jicarilla Apache
	7. UNIT AGREEMENT NAME .
SUNDRY NOTICES AND REPORTS ON WELLS	The second of th
one use this form for proposals to drill or to deepen or plug back to a different	8. FARM OR LEASE NAME
On not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	
1. oil gas	Ticarilla 70
well well other	9. WELL NO. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2. NAME OF OPERATOR	1 <u>997 1 0 - </u>
Chace Oil Company, Inc.	10. FIELD OR WILDCAT NAME
ADDRESS OF OPERATOR	S. Lindrith Gallup Dakota
313 Washington, SE, Albuq., NM 87108 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4 LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	Sec. 34, T24N,R4W
below.) Unit "C" 660' FNL & 1650'	12. COUNTY OR PARISH 13. STATE
AT SURFACE: FWT.	
AT TOP PROD. INTERVAL:	Rio Arriba New Mexico
AT TOTAL DEPTH:	14. API NO. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	6991'GR 7004'KB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	하인 물론 그 물 건물했다.
TEST WATER SHUT-OFF	
FRACTURE TREAT	
	(NOTE: Report results of multiple completion or zone
REPAIR WELL PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	어떤 사람들은 그들은 사람들이 되었다.
CHANGE ZONES	
ABANDON*	Reserved to the second
(other)	ਸ਼ਾਵਰੀ <u>ਨ ਸਾਹਿਬੀ ਸਮੇਂ ਡੇ</u>
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.)*	
First delivery of gas to El Paso N	atural GasaCompany at 5 % %
1:40 P. M. On Occober 77 1900	
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Subsurface Safety Valve: Manu. and Type	300 @
	The part of the pa
18. I hereby country that the foregoing is true and correct	
D. W. Miller June Presider	DATE DATE
SIGNED	
(This space for Federal or State	office use) office use) office use) office use) office use) office use)
TITLE	DATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
APPROVED BY	in de la
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*See Instructions on Rever	00 T 1 1000