## UNITED STATES BUBMIT IN TRIPLICATE\* Other Instructions on reverse side)

|    | Form approved.<br>Budget Bureau No. |         |
|----|-------------------------------------|---------|
| 5. | LEASE DESIGNATION AND BE            | RIAL NO |
|    | Contract 413                        | ١       |

|    |       | 110.15 | ٠.  | .,.,, | * *** | •  | • • • • | ٠  |     | ••• |     |
|----|-------|--------|-----|-------|-------|----|---------|----|-----|-----|-----|
| 5. | LEASE | DESI   | u N | ATIO  | N A   | N. | D       | HH | RIA | L   | NO. |
|    | Con   | tra    | 1 ( | :t    | 4     | 1  | 3       | ,  | /   |     |     |

| 5. | LEASE | DES | 10.21 | TION | AN. | D F | SHRIAL | NO. |
|----|-------|-----|-------|------|-----|-----|--------|-----|
|    | Con   | t r | ac    | t    | 41  | 3   |        |     |
|    |       |     |       |      |     |     |        |     |

| ם בו א                             | GEOLOGICAL SURVEY  |  | Contract 413 \  |
|------------------------------------|--|--|---|
| SUNDRY N                           | Jicarilla  |  |   |
| Use "AP                            | PLICATION FOR PERMIT— 10F BUCK   | proposats.)  | 7, UNIT AGREEMENT NAME  |
| OIL GAB K OTF                      | ER   |  |   |
| 2. NAME OF OPERATOR                |  |  | 8. FARM OR LEASE NAME Chacon Jicarilla                            |
| Keesee & Thomas                    | 9, WELL NO.  |  |   |
| 3. ADDRESS OF OPERATOR             | Farmington N.M. O'   | 7 4 0 1  | 1   |
| P. O. BOX 2020,                    | Farmington, N.M. 87 tion clearly and in accordance with an                       | v State requirements.*   | 10. FIELD AND POOL, OR WILDCAT                                    |
| See also space 17 below.)          |  | •  | Ballard PC  |
| 790 FS                             | L, 790' FWL  |  | 11. SEC., T., R., M., OR BLW. AND                                 |
|                                    |  |  | Sec. 15, T-23-N, R-   |
| 14. PERMIT NO.                     | 15. ELEVATIONS (Show whether   | DF, RT, GR, etc.)  | 12. COUNTY OR PARISH 13. STATE                                    |
|                                    | 7393' KB   |  | Rio Arriba N.M.   |
| 16. Chec                           | k Appropriate Box To Indicate  | Nature of Notice, Report, or (   | Other Data  |
|                                    | INTENTION TO:  |  | UENT REPORT OF:   |
|                                    |  |  | REPAIRING WELL  |
| TEST WATER SHUT-OFF                | PULL OR ALTER CASING MULTIPLE COMPLETE   | WATER SHUT-OFF FRACTURE TREATMENT X)                                     |   |
| FRACTURE TREAT  SHOOT OR ACIDIZE   | ABANDON®   | SHOOTING OR ACIDIZING  | ABANDON MENT*   |
| REPAIR WELL                        | CHANGE PLANS   | (Other)  |   |
| (Other)                            |  | (Note: Report result<br>Completion or Recomp                             | s of multiple completion on Well<br>pletion Report and Log form.) |
|                                    | w/ 4 Golden w/ 43,00 | Jets per foot  | 9 - 9 4   |
| ,                                  | Sand: 40,00<br>Breakdown Pro<br>Avg. Treatmen<br>Avg. Injection                  | essure: 2250 ps:<br>nt Pressure 1300 p<br>on Rate: 50 l<br>s SIP: 500 ps | osig<br>BPM<br>sig  |
|                                    | 5 minutes  | SIP: 385 ps  |   |
|                                    | 15 minutes   | SIP: 100 ps  | , <u> </u>  |
| 18. I hereby certify that the fore |  | Partner COM. COM.  | DATE 8-24-72  |
| (This space for Federal or S       | ate office use)  |  |   |
| APPROVED BY                        | TITLE  |  | DATE  |
| CONDITIONS OF APPROVA              | L, IF ANY:   |  |   |
|                                    |  |  | AGG 25 1.72   |

\*See Instructions on Reverse Side

U.S. GEOLDOTTO, BLOOK DURANGO, SOLG.