

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

approved.  
Budget Bureau No. 42-11424.

6. LEASE DESIGNATION AND SERIAL NO.  
**Jicarilla Contract 15**  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**Jicarilla**

**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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <b>H. K. Keesee</b>		8. FARM OR LEASE NAME <b>Cinco Diablos</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 1995, Farmington, N.M. 87401</b>		9. WELL NO. <b>11</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1090' from South, 790' from East</b>		10. FIELD AND POOL, OR WILDCAT <b>Ballard P. C.</b>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 19-T23N-R3W</b>	
15. ELEVATIONS (Show whether DF, WT, GR, etc.) <b>7191 (Gr)</b>		12. COUNTY OR PARISH <b>Sandoval</b>	13. STATE <b>N.M.</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(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.)\*

July 9, 1968  
Perforated Pictured Cliffs Formation 2833' to 2838' and 2839' to 2843' with 2 jets per foot (18 holes). Spotted 250 gallons 15% MCA across perforation to break down. Break down pressure 2000 psi. Sand water frac with 40,390 gallons of water, 38,000 lbs. 20-40 sand and 1 1/4 lb. FR-16 per 1000 gallons. Average injection rate 49 BPM. Injected 9 rubber balls halfway thru frac, 5 rubber balls three-fourths way thru frac. Used 1681 hydraulic horsepower. Instantaneous shut-in pressure 400 psi. 5 minute shut-in 200 psi.



**RECEIVED**

JUL 27 1968

U. S. GEOLOGICAL SURVEY  
ADMINISTRATIVE

I hereby certify that the foregoing is true and correct

Petroleum Engineer

SIGNED

P. E. TITLE **Consultant**

DATE **7-25-68**

(This space for Federal or State approval)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side