

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

413

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME  Jicarilla	
2. NAME OF OPERATOR Keesee & Thomas		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 2026 Farmington, New Mexico 87401		8. FARM OR LEASE NAME Chacon Jicarilla	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FWL, 790' FNL		9. WELL NO. 4	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Ballard PC <i>Evt.</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7401 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-T23N-R3W	
		12. COUNTY OR PARISH Sandoval	13. STATE N. M.

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) Surface Casing

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.)\*

Spud 6-30-73

Ran 3 jts., 9 5/8", j-55, 32.30 lb. (127.33)

Set @ 138.33, cemented with 65 sacks

2% CaCl. PD 1:30 am, 7-1-73

Tested casing to 500 PSIG: Held o. k.



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

SIGNED James M. Thomas TITLE Partner

DATE 7-11-73

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: