

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved
Budget/Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

413

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CHACON JICARILLA

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

BALLARD PICTURED CLIFF

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

23-T23N-R3W

12. COUNTY OR
PARISH
SANDOVAL13. STATE
N.M.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other _____

b. TYPE OF COMPLETION:

NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

KEESEE & THOMAS

3. ADDRESS OF OPERATOR

P. O. BOX 2026, FARMINGOTN, NEW MEXICO 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1850' FNL, 790' FWL

At top prod. interval reported below

SAME

At total depth SAME

14. PERMIT NO.

DATE ISSUED

15. DATE STUDDED

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. ELEVATIONS (DF, RKB, RT, GRAVEL)

19. ELEV. CASINGHEAD

7-17-73

7-23-73

8-22-73

7355' GR

7356

20. TOTAL DEPTH, MD & TVD

21. PLUG BACK T.D., MD & TVD

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

3218

3158

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

3071-75, 3124-30

PICTURED CLIFFS

25. WAS DIRECTIONAL
SURVEY MADE

NO

26. TYPE ELECTRIC AND OTHER LOGS RUN

DRESSER ATLAS: ELECTROLOG

27. WAS WELL CORED

NO

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8	32.30	139	12 1/4	65 SACKS	NONE
4 1/2	9.5	3202	7 7/8	100 SACKS	NONE

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					1 1/2	3119'	

31. PERFORATION RECORD (Interval, size and number)

3071-75, 3124-30 WITH
4 GOLDEN JETS/FOOT

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3071-3130	SAND: 45,000 LBS.
	WATER: 45,600 GALS.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
8-22-73		FLOWING				SHUT IN	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
8-22-73	3	3/4	→		1,014		
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24 HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
70	260	→		1,014			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

VENTED

TEST WITNESSED BY

WALSH

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED

Keesee & Thomas

TITLE

PARTNER

DATE

8-23-73

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 37.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement". Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF FOWERS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CIRCULATION TIME, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
OJO ALAMO	2644	2810		OJO ALAMO	2644	2644
KIRTLAND	2810	2990		KIRTLAND	2810	2810
FRUITLAND	2990	3070		FRUITLAND	2990	2990
PICTURED CLIFFS	3070	3158		PICTURED CLIFFS	3070	3070
LEWIS	3158			LEWIS	3158	3158

38.

GEOLOGIC MARKERS