

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

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT 413

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CHACON JICARILLA  
APACHE "D"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

WILDCAT

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

SEC. 23, T23N, R3W

12. COUNTY OR PARISH  
SANDOVAL

13. STATE  
N.M.

**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  GAS WELL  OTHER

2. NAME OF OPERATOR  
KEESEE & THOMAS

3. ADDRESS OF OPERATOR  
P. O. BOX 2026, FARMINGTON, NEW MEXICO 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
875' FNL, 1140' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, NT, OR, etc.)  
7374' GR.

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 ACIDISE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETS   
ABANDON\*   
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

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.)\*

RAN 7 JTS, 9 5/8", H-40, 32.30# CASING (TOTAL EQUIPMENT 295')  
SET @ 308' KB. CEMENTED WITH 270 SACKS, CLASS "A", 2% CACL.  
PD 10:45 P.M., 5-10-74  
WOC 12 HRS.  
PRESSURE TEST 500 PSIG (OK)  
DRILL OUT 10:45 A.M., 5-11-74



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

SIGNED Steve M. Thomas

TITLE PARTNER

DATE 5-16-74

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_