

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

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

Contract 412

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

8. UNIT AGREEMENT NAME

9. FARM OR LEASE NAME

Chacon Jicarilla

10. WELL NO.

3

11. FIELD AND POOL, OR WILDCAT

Ballard P.C. EXT.

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

Sec. 16, T 23 N, R 3W

13. COUNTY OR PARISH

Rio Arriba

14. 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, N.M. 87401

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

1850' FSL, 790' FEL

15. PERMIT NO.

16. ELEVATIONS (Show whether DF, RT, OR, etc.)

7372' 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 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) Run surface casing

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

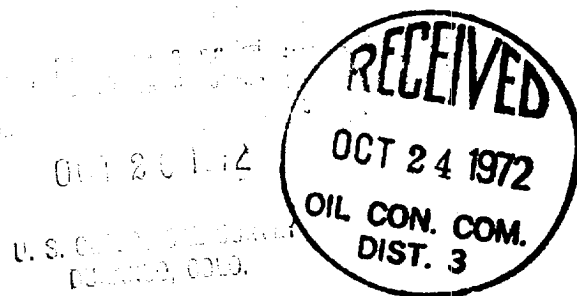
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Spud 5:00 P.M., 9-21-72

Ran 3 jts, 9 5/8", 32.30# casing. Set at 134.57 Kelley Bushing.

Cemented with 60 sack, 2% CaCl. P.D. 1:00 A.M. 9-22-72.

Tested surface casing 600 psi. O.K. Drill out 1:00 P.M., 9-22-72



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

SIGNED

*Steve M. Thomas*

TITLE Partner

DATE 10-19-72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE