

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.

Contract #413

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Chacon Jicarilla

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Ballard P.C. EXT.

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

Sec. 15, T 23 N, R 3 W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

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

790' FSL, 1850' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7339' 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: 2:00 P.M., 9-16-72

Ran 3 jts, 9 5/8", 32.30# casing. Set at 138.18' Kelley Bushing.

Cemented with 60 sacks cement, 2% CaCl. P.D. 10:30 P.M., 9-16-72

Pressure up to 600 psi. O.K. Drill out 10:30 A.M., 9-17-72.



RECEIVED
OCT 20 1972
U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

SIGNED

David M. Thomas

TITLE

Partner

DATE

10-19-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side