

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.

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 P.C. *Ext*

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

23, T23N, R3W

12. COUNTY OR PARISH

Sandoval

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, New Mexico 87401

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

See also space 17 below.)  
At surface

1850' FNL, 790' FWL

14. PERMIT NO.

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

7355' 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) 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 12:45 A.M., 7-17-73

Ran 3 jts, 9 5/8", J-55, 32.30 Lb. (126.75) Set @ 138.75 KB,  
cement with 65 sacks, 2% CaCl. PD 9:00 A.M., 7-17-73

Test 500 psig: Held OK

Drill out 9:00 P.M., 7-17-73

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

ORIGINAL SIGNED BY

SIGNED DAVE M. THOMAS, JR.

TITLE Petroleum-Geologist

DATE 7-25-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side