

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.

1

10. FIELD AND POOL, OR WILDCAT

BALLARD

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

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

KEESEY & 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

790' FSL, 790' FWL

14. PERMIT NO.

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

7383' 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) RAN PRODUCTION CASING ☒

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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 99 JTS, 4½", K-55, 9.50# CASING, TOTAL EQUIPMENT 3258.70. SET AT 3268.70, KELLEY BUSHING MEASUREMENT. CEMENTED 100 SACKS, CLASS C, CEMENT, HALLIBURTON.

PD 11:00 AM, 7-25-72



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

SIGNED David M. Thomas TITLE PARTNER

DATE 8-02-72

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side