

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

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 13. STATE

RIO ARRIBA

N.M.

1. OIL ☐ GAS ☒ WELL ☒ OTHER

2. NAME OF OPERATOR
KEESEEE & 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, GR, 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 SURFACE CASING

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

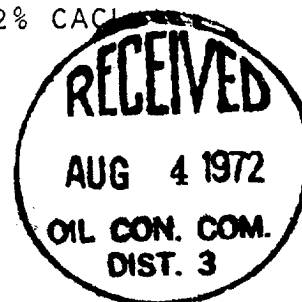
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

RAN 4 JTS, 8 5/8", J-55, 24.00# CASING, TOTAL EQUIPMENT 130'.

SET AT 140' KELLEY BUSHING MEASUREMENT W/75 SACK CEMENT, 2% CAC

PD 4:30 AM, 7-22-72

TESTED TO 500 PSI.



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

SIGNED

Law M. Thomas

TITLE

PARTNER

DATE

8-02-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SV