

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☐		5. LEASE DESIGNATION AND SERIAL NO. <u>CONTRACT #39</u>	
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Jicarilla Apache</u>	
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>990' FN & WL</u>		8. FARM OR LEASE NAME <u>AXI Apache "C"</u>	
14. PERMIT NO.		9. WELL NO. <u>6</u>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>6697' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>BALLARD Pictured Cliff</u>	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 3, T-23N, R-5W</u>	
		12. COUNTY OR PARISH <u>Rio Arriba</u>	
		13. STATE <u>NM</u>	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) <u>SHUT-IN</u>	

(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.)

Status of Well: SHUT-IN

Approximate date that temp. aban. commenced: 1-11-73

Reason for temp. aban.: Reached economic limit

Future plans for well: EVALUATE FOR PERMANENT ABANDONMENT



EXPIRES 12-31-76

Approximate date of future W. O. or plugging: 6-1-76

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

SIGNED [Signature]

TITLE Dr. Staff Asst

DATE 11-6-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

4565 (51) File

*See Instructions on Reverse Side