

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
6. LEASE DESIGNATION AND SERIAL NO.

Contract No. 39
7. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AXI Apache C

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT

Ballard Pictured Cliffs

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

Sec 3, T-23N, R-5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990 FNL & 990 FWL Sec. 3

14. PERMIT NO.

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

6697

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) SHUT-IN

(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: Temporary Shut-In
Approximate date that temp. aban. commenced: 9-28-76
Reason for temp. aban.: No production after workover

Future plans for well: Plug and Abandon

Approximate date of future W. O. or plugging: 4th Qtr. 1977

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

SIGNED

B. A. Hae

TITLE

Administrative Supervisor

DATE

8-30-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Duran 90

USGS (5) FILE BEA

*See Instructions on Reverse Side



12-31-77