

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1421.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <b>CONTRACT # 45</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla Apache</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 460, Hobbs, New Mexico 88240</b>	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 <b>990' FS &amp; WL</b>	8. FARM OR LEASE NAME <b>AXI Apache "P"</b>
	9. WELL NO. <b>3</b>
	10. FIELD AND POOL, OR WILDCAT <b>BALLARD PICTURED CLIFFS</b>
14. PERMIT NO.	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <b>Sec 17, T-23N, R-4W</b>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <b>6984' DF</b>	12. COUNTY OR PARISH <b>Rio Arriba</b>
	13. STATE <b>NM</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>SHUT-IN</b>	<input checked="" type="checkbox"/>

(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**

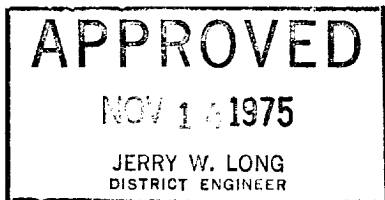
Approximate date that temp. aban. commenced: **9-15-66**

Reason for temp. aban.:

Future plans for well:

**SHUT IN PENDING SALES LINE CONNECTION  
EVALUATE FOR RECOMPLETION OR ABANDONMENT**

APPROVED FOR A PERIOD  
NOT TO EXCEED 1 YEAR.



TEMPORARY 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 **[Signature]**

DATE **11-6-75**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**USGS (51) File**

\*See Instructions on Reverse Side