

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIP DATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY **Conoco Inc. #92915**

**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>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 1621, Durango, Colorado</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' FSL, 990' FSL</b>		8. FARM OR LEASE NAME <b>AXI Apache "P"</b>	
14. PERMIT NO.		9. WELL NO. <b>3</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6978' CR; 6984' DF</b>		10. FIELD AND POOL, OR WILDCAT <b>Ballard Pictured Cliffs</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>17-23N-43E-NM</b>	
		12. COUNTY OR PARISH <b>Rio Arriba</b>	13. STATE <b>New Mexico</b>

18. 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"/>	<b>Supplemental Well History</b> <input checked="" type="checkbox"/>	
(Other) <input 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.)\*

Spudded 7/29/66. Five joints 9 5/8" casing set at 173' and cemented with 100 sacks cement. Drilled to TD 2359'. Run IES log. Ran 3 1/2" casing to 2359' and cemented with 200 sacks cement. Pictured Cliffs perfor 2473'-80", 2487'-89", 2495'-97' and 2501'-03' fraced with 28,812 gals. water and 35,000# sand with 5 gals. "ADMAL" additive. Waiting for final gauge.

Note 11-11-77

NO Workover operations Have Been Performed ON THE SUBJECT WELL SINCE THE ORIGINAL completion OF 9-15-66.

The Gas Company of New Mexico made Pipeline connection ON 10-10-77.

225 MCF/D GAOE, 3 Hr Test on 3/4" choke, Tubing Pressure 700 PSI.

5 COPIES TO USGS - Durango 11-11-77

<b>RECEIVED</b>	
DURANGO PROD.	
SEP 12 1966	
OFFICE MGR.	<input checked="" type="checkbox"/>
DIST. MGR.	<input type="checkbox"/>
ASST. MGR.	<input checked="" type="checkbox"/>
DIST. ENG.	<input checked="" type="checkbox"/>
LSC	<input checked="" type="checkbox"/>

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

Original Signed By: <b>H. D. MALEY</b>		District Manager	DATE <b>9/12/66</b>
SIGNED	TITLE	DATE	
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE	
CONDITIONS OF APPROVAL, IF ANY:			