

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.

CONTRACT NO. 39

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AXI APACHE "C"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

AXI APACHE

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

SEC. 34, T24N, R25W

12. COUNTY OR PARISH

RR ARIZONA N.M.

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M. 88240

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

At surface

990' FSL & 990' FEL of SEC. 34

14. PERMIT NO.

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

6725' DF

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) ☐

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.)*

AXI APACHE C-2 WELL PLUGGED & ABANDONED AS FOLLOWS:
SPOTTED 20 SX. CMT PLUG 2259-2340' & 40 SX.
CMT PLUG 1764-2100'. SHOT OFF 5 1/2" CSG.
330' FROM SURFACE & REC. 11 JTS. SPOTTED
20 SX CMT PLUG ACROSS CSG STUB TO SURFACE.
SET DRY HOLE MARKER. WORK STARTED &
COMPLETED 8-20-74.

(Our Files Do Not Have Any Record Of This
Report Being Submitted Previously.)

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

SIGNED

Wm. A. Dutter

TITLE

ADMIN. SUPERVISOR

DATE

6-10-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-DURANGO (1) E.I.E

