

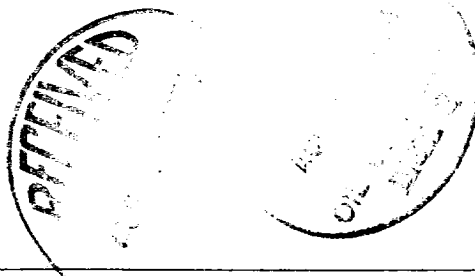
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424

## 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>CONTRACT No. 122</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>Box 460, HOBBS, N.M. 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>1155' FNL &amp; 1710' FEL OF SEC. 9</b>		8. FARM OR LEASE NAME <b>AXI APACHE "O"</b>
14. PERMIT NO.		9. WELL NO. <b>5</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>7268' GR.</b>		10. FIELD AND POOL, OR WILDCAT <b>AXI APACHE - So. BLANCO PC</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC. 9, T-25 N, R-4 W</b>
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH 13. STATE <b>RIO ARRIBA N.M.</b>
TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> WATER SHUT-OFF <input checked="" 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) <input type="checkbox"/> (Other) <b>SET SURFACE CASING</b>		
		(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 12 1/4" hole on 8-17-74 & drilled to 215'. Set 8 5/8" 24# casing @ 215' (KB). Cemented with 200 sacks Cl. "A" cement. Cement circ. Tested to 1000#, held OK.



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

SIGNED

TITLE

SR. ANALYST

DATE

8-19-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

USGS-Durango (\$) Exxon, Amoco, Artec, File