

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(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.)

4. LEASE DESIGNATION AND SERIAL NO.

CONTRACT No. 122

5. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AXI APACHE "O"

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

AXI APACHE-SD. BLANCO PC

11. SEC., T., R., M., OR BLK. AND  
SUBVEY OR AREA

SEC. 9, T. 25 N. R. 4 W

12. COUNTY OR PARISH

RIO ARriba

13. STATE

N.M.

1. OIL ☐ GAS ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

CONTINENTAL Oil Company

3. ADDRESS OF OPERATOR

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

1155' FNL & 1710' FNL OF SEC. 9

14. PERMIT NO.

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

7268' GR.

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) SET PROD. STRING TBNG.

(Other)

(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 perti-  
nent to this work.)\*

Drilled to TD 3876' on 8-20-74 & set 2 7/8" tubing @  
3839' (KB). Cemented w/70 sks. 50-50 cont. Tested w/1800#,  
hold OK.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side