

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.
5. PHASE DESIGNATION AND SERIAL NO.

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.)

CONTRACT No. 122
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE
7. UNIT AGREEMENT NAME

AXI APACHE "D"
8. FARM OR LEASE NAME
9. WELL NO.

AXI APACHE - So. BLANCO R.
10. FIELD AND POOL, OR WILDCAT
11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 9, T-25N, R-4W
12. COUNTY OR PARISH
13. STATE
RIO ARriba N. M.

1. OIL WELL ☐ 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.)

1115' FNL & 945' FNL of Sec. 9

14. PERMIT NO.

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

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 Re-completion 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 11" hole on 8-6-74. Set 8 5/8" csq. @ 217'.
Cemented w/200 sks. cement. Cement Circulated.
Tested csq. w/ 800#, held ok.



I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

8-8-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

11565(1), N. MOCC(2) File