

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.)

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.)  
At surface  
*1700' FSL & 1190' FWL OF SEC. 2.*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
*7288' GR.*

5. WELLS DESIGNATION AND SERIAL NO.  
*CONTRACT NO. 121*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
*JICARILLA APACHE*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
*AXI APACHE "N"*

9. WELL NO.  
*10*

10. FIELD AND POOL, OR WHOLE  
*AXI APACHE - S. BLANCO PC.*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*3C- MESA VERDE  
SEC. 2, T. 25N, R. 4W*

12. COUNTY OR PARISH  
*RIO ARriba*

13. STATE  
*N.M.*

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                                   |                                          |
|-------------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                           | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                       | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                    | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <i>SGT PROD. CSG.</i> <input checked="" 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.)\*

*Drilled to TD 6355' & set 5 1/2" 15.5# K-55 CSG @ 6338'.  
Set DV Tool @ 4689' & pmpd 250 gals mud flush & 300 sks  
Light wt. Class "B" cmt w/ treated fresh wtr. Open DV Tool &  
Circ. 4 hrs. Pumped 300 sks Light B cmt & 125 sks  
Class "B" cmt. Plug down 10-6-75. WOC 24 hrs.  
TOC 3350'. Press. tested to 2500#, held OK.*

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

SIGNED

*[Signature]*

TITLE

*Geologist*

DATE

*10-13-75*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

*USGS-5 (Durango), El Paso, Exxon, File*