

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. PHASE DESIGNATION AND SERIAL NO.

CONTRACT No. 124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AXI APACHE "M"

9. WELL NO.

5
AXI APACHE - S. BLANCO
PICTURED CLIFFS

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

SEC. 14, T-25N, R-4W

12. COUNTY OR PARISH

RIO ARRIBA

13. STATE
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.)
At surface

870' FNL E 940' FEL OF SEC. 14

14. PERMIT NO.

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

7197' 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

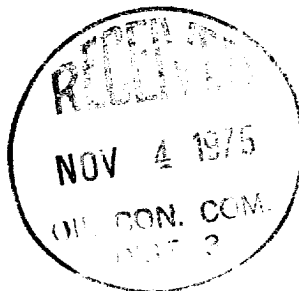
(Other) SET PROD. TRNG.

(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 pertinent to this work.)*

Drilled to TD 3914' & set 2 7/8" 6.5# J-55 tubing @ 3914'
w/ 75 sks. Howco Lite wt. cmt & 100 sks. Class "B"
cmt. Plug down 10-13-75. WOC 72 hrs. TDC 2800'.
Tested tubing to 1000#, held OK.



RECEIVED

NOV 3 1975

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.

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

SIGNED

[Signature]

TITLE

SR. ANALYST

DATE

10-31-75

(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