

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  
*790' FSL & 990' FEL OF SEC. 12*

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
*7289' GR*

5. LEASE 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.

*11*

10. FIELD AND POOL, OR WILDCAT  
*Undesignated Mosz Verde*  
*S. BLANCO - PC*

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

*Sec. 12, T-25N, R4W*

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 ☐

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\* ☐

*Set Surface CSG.* ☒

(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 8-11-76 & DRLD TO  
567'. Set 8 3/8" CSG AT 560' & CMTD W/310 SX  
Class B CMT. W/2% CACL. P.D. AT 8:30 AM 8-12-76,  
WOC 12 Hrs. Tested to 500 PSI, Hold OK. DRLG. AHEAD.*



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

SIGNED

*John D. Ballentine*

TITLE

*Admin. Serv.*

DATE

*9-2-76*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: