

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>CONTRACT NO. 66</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla Apache</b>
3. ADDRESS OF OPERATOR <b>Box 460, Hobbs, N.M. 88240</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1650' FSL &amp; 1650' FWL OF Sec. 33</b>		8. FARM OR LEASE NAME <b>Jicarilla 28</b>
14. PERMIT NO.		9. WELL NO. <b>14</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6864' GR.</b>		10. FIELD AND POOL, OR WILDCAT <b>West Lind, with Gallup</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 33, T. 25N, R. 4W</b>
		12. COUNTY OR PARISH <b>Rio Arriba</b>
		13. STATE <b>N.M.</b>

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"/>	

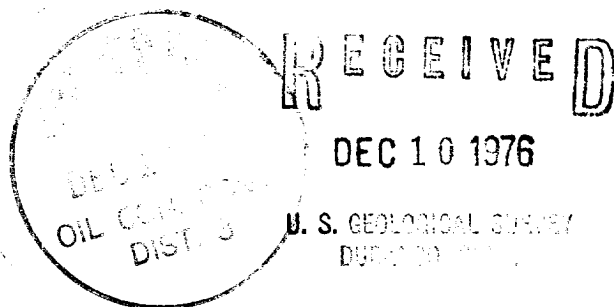
SUBSEQUENT REPORT OF:

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) <input checked="" type="checkbox"/> <b>Set Surface CSG</b>	

(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 5:15 P.M. 11-16-76 & DRLD 7 7/8" Hole to 806'. Reamed 12 1/4" Hole to 806' & DRLD to 1056'. Set 8 5/8" CSG AT 1049' & CMTD w/ 550 SX Class B" CMT with Additives. Plug Down 12:45 11-19-76. Circ CMT. WOC 18 Hrs. Tested OK w/ 800 PSI For 30 min. DRLD Ahead w/ 7 7/8" Hole.



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

SIGNED Wm. A. Dutterford TITLE Asst. Supr. DATE 12/6/76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

USGS-Durango (5), BEA, File