Form	9-331	
May	1963	۱

## UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATES

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SUNDRY N	IOTICES	AND	REPORTS	ON	WELLS
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(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir

Jicarilla Apacha

	NICETITE ME
1. OIL GAS WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR  CONTINENTO   OI   COMPING  3. ADDRESS OF OPERATOR	8. FARM OR LEASE NAME  AXI APache T  9. WELL NO.
Box 460. HOBBS, N.M. 88240	26
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  See also space 17 below.)  At surface  905 FNL \$ /655 FEL OF Sec. 6	10. FIRID AND POOL, OR WILDCA'  LON 22 LOS MOSE  11. BEC., T., R., M., OR BLK. AND  BURVEY OR AREA
	Sec. 6 T 254 6

14. PERMIT NO. 6624' 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report results of m Completion or Recompletion	ALTERING CASING ABANDONMENT*  Ultiple completion on Well 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 perti-

Drilled TO TD 6295' and Ron Logs, Sof 5-1" 15.5#, LT. C, K-55 Csg AT 5295, CMTO W, +4 (1st Stope)
125 sx Light CM+ and 200 sx Closs B CMT, Plug
Down AT 5100 AM 5-14-77, CMT circ. 2nd Stope CMTD w/375 SX Light cmT and 125 SX Class B" CMT with 2% CACLZ. Plug Down AT 10:15 AM 5-14-77. Released Rig 2:30 P.M. Shut-IN Waiting ON Completion

Rig.



18. I hereby certify that the forecoing is true and correct SIGNED WW. Q. Walling feel	TITLE ADMIN. SUPV.	DATE 5-17-77
(This space for Federal or State office (se)		

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side