

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C 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. See space 17 below.)
AT SURFACE: *1150' FSL + 1820' FWL*
AT TOP PROD. INTERVAL: *Samp*
AT TOTAL DEPTH: *Same*

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) *Set 4 1/2" CSG Liner* ☒

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5. LEASE
Contract NO. 147

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
AXI Apache "J"

9. WELL NO.
31

10. FIELD OR WILDCAT NAME
Gonzalez Mesa Verde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5, T-25N, R-5W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6686' GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 6 1/2" hole from 3408' to 5450' T.D. Ran 4 1/2" 10.5#, K-55 CSG Liner set at 5440', TOP of liner at 3270'. Cemented Liner with 300 SX of class "B" 50/50 Poz. with 2% Gol. Drilled CM to 5393'. Pressure Tested shoe to 800 PSI, Hold OK. R/L Rig at 12:00 midnight. Shut-in. W/O Compl. Rig.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED *Wm. A. Butterfield* TITLE *ADMIN. SUPV.* DATE *4-6-78*

(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), GILSON N.M. EXXON, MJL, BEA, FILE