

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 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 + 1450' FEL*
AT TOP PROD. INTERVAL: *Sump*
AT TOTAL DEPTH: *2 mo*
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 7" Intermediate Csg X*

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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.
32

10. FIELD OR WILDCAT NAME
Gonzales Mesquite
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T-25N, R-5W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
N.M.
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6645' 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 8 3/4" Hole from 278' to 3355'. Ran 7" 23#, 14.55' Csg. Set at 3352'. CMT with 220 sx of Lite-weight cmt, followed w/ 350 sx of Class "B" cmt with Additives. Plug down at 11:15 A.M. 2-24-78. WOC 18 Hrs. Tested to 500#. Hold OK. Dilled Ahead with 6 1/2" Hole.

CMT TOP AT 1500'.

Subsurface Safety Valve: Manu. and Type

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

SIGNED *W. A. Brattley* TITLE *Asst. Supv.* DATE *3-1-78*

(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), Gas Co. N.M., EXXON, MJL, BEA, F L

