

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' FNL + 1150' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) 5/8" Surface CSG X

SUBSEQUENT REPORT OF:

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 2-7-78 and drilled 12 1/2" Hole to 502'. Set 8 7/8" 24# K-55 CSG AT 411' CMTD w/ 300 SX Class 'B' CMT with Additives. Plug down 10:15 A.M. 2-8-78, CMT circ. W.O.C 18 Hrs and Tested to 500 PSI, Hold OK. Drilled Ahead with 7 7/8" Hole.

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

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.

29

10. FIELD OR WILDCAT NAME

S. Blanco Pictured Cliffs

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

Sec. 7, T-25N, R-5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6709' GR

Subsurface Safety Valve: Manu. and Type

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

SIGNED

Wm. A. Butler

TITLE ADMIN. SUPV.

DATE

2-15-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

USGS(5), Gas Co. N.M., EXXON, MTL. BEA, File

