

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
CONTINGENTAL OIL COMPANY
3. ADDRESS OF OPERATOR
P.O. Box 460 Hobbs N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 1650' FEL
AT TOP PROD. INTERVAL: SAME
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) CHANGE WELL NO. ☒

- ☐
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5. LEASE
CONTRACT No. 121
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JICARILLA APACHE
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
AXI APACHE N
9. WELL NO.
15
10. FIELD OR WILDCAT NAME
S. BLANCO PICTURED CLIFFS
BLANCO MESA VERDE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 11, T-25 N, R-4W
12. COUNTY OR PARISH
RIO ARriba
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7247' 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.)*

IT IS PROPOSED TO CHANGE THE NUMBER OF SUBJECT WELL FROM 15 TO 15A. THIS CHANGE WILL REFLECT OUR ORDER OF DRILLING. THIS CHANGE IS ALSO REQUESTED IN ORDER TO CONFORM WITH NMOC REGULATIONS REGARDING INFILL WELL NUMBERING IN THE BLANCO MESA VERDE POOL.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Bern H. L... TITLE ADMINISTRATIVE Supv. DATE 9-27-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
DATE

OCT - 2 1978

USGS [5], BEA, MJL, ~~FILE~~, FILE, EXXON.
DURANGO GASCO. N.M.

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.