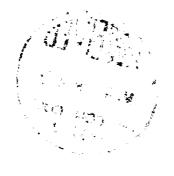
Form 9-331 (May 1963)

UNITED STATES SUBMIT IN TRIPLICATE* Other instructions on re UNITED STATES SUBMIT IN TRIPLICATE* Budget Burcau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS			Contract N	0. 151	
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)				Jicarilla Apache 7. UNIT AGREEMENT NAME	
OIL GAS WELL X CTHER					
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Continental Oil Company 3. ADDRESS OF GLERATOR			9. WELL NO.		
152 No. Durbin St., Casper, Wyo. 82601 4. togation of west (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			6	6 10. FIELD AND POOL, OR WILDCAT	
				Blanco - Mesaverde	
1850' FNL, 1850' FEL		11. EVC., T., R., M., OR ELK. AND SURVEY OR AREA			
			Sec. 9, T2	6N, R5W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,		12. COUNTY OF PARISH		
		<u>, 7026' KB</u>	Rio Arriba	New Mexico	
16. Check A	ppropriate Box To Indicate N				
NOTICE OF INTE	NTION TO:	SUBSEC	QUENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING V		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING C.	1[
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	Well Progre		
REPAIR WELL CHANGE PLANS (Other) (NOTE: Report results Completion or Recomp.			s of multiple completion pletion Report and Log for	on Well	
Rig released 10-20-73 impassable. It is es	2. Adverse weather c stimated that complet	onditions have made ion work can be star	roads to locati ted in the next	on 	
JU EU 45 days.		MAR 8 1973 ONL COM. COM. DIST. 3	The contract of the properties of the contract		
HSGS-Durango(6), NMO	CC-Aztec(2), Humble,	Aztec O&G, File(2)			
18. I hereby certify that the foregoing SIGNED	is true and correct	ministrative Supervi	sor DATE 3/6	5/73	
(This space for Federal or State of	ice use)	,	· · · · · · · · · · · · · · · · · · ·	. : .*	
APPROVED BY CONDITIONS OF APPROVAL, IF	ANY;		DATE		



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