

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No/ 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM - 18323

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Conoco 29-4

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

E. San Juan - Dakota

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

Sec. 24, T2^{ON}, R4W

12. COUNTY OR PARISH 13. STATE

Rio Arriba

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

152 North Durbin St., Casper, Wyoming 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

1100' FSL, 1485' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7020' GR, 7033' KB

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Well Progress 5-10-74 ☒

(NOTE: Report results of multiple completion on Well
Completion or Decompletion Report and Log form.)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

Moved in workover unit May 9, 1974 to treat Gallup perforations in an attempt to unload frac fluid.



USGS(5) File

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

SIGNED *Elmer L. Phillips*

TITLE *Actg* Administrative Supervisor

DATE 5-10-74

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side