

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-18316*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

*Conoco 29-4*

9. WELL NO.

*2*

10. FIELD AND POOL, OR WILDCAT

*East San Juan - Gallup*

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

*Sec. 11, T-29N, R4W*

12. COUNTY OR PARISH

*Rio Arriba*

13. STATE

*NM*

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

*Continental Oil Company*

3. ADDRESS OF OPERATOR

*P. O. Box 460, Hobbs, New Mexico 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

*At surface  
1770' FNL & 944' FEL of Sec. 11.*

14. PERMIT NO.

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

*7050' GR*

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(Note: Report results of multiple completion on Well-  
Completion or Recompletion Report and Log form.)

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.)\*

Status of Well: *Shut-In*

Approximate date that temp. aban. commenced: *9-6-73*

Reason for temp. aban.: *WELL SHUT IN PENDING SALES LINE CONNECTION.*

Future plans for Well: *OBTAIN PIPELINE CONNECTION.*

Approximate date of future W. O. or plugging: *EXPECT CONNECTION BY FALL, 1976*

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

SIGNED

*Robert J. Hall*

TITLE *Division Office Manager*

DATE

*10/30/74*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side