(Ma; 1963)

UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

CEOL	OGICAL	SURVEY	

GEOLOGICAL SURVEY	NM - 10431	
SUNDRY NOTICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plu: Use "APPLICATION FOR PERMIT—" for such	g back to a different reservoir.	
	i proposais.)	7. UNIT AGREEMENT NAME
OIL GAS X OTHER		
WELL WELL OTHER 2. HAME OF OPERATOR	<u>.</u>	8. FARM OR LEASE NAME
		Conoco/29-4
Continental Oil Company 3. ADDRESS OF OPERATOR		9. WELL NO.
152 North Durhin St Ca	sper. Wyoming 82601	5
152 North Durbin St., Ca 4. LOCATION OF WELL (Report location clearly and in accordance with a See also space 17 below.)	ny State requirements.	10. FIELD AND POOL, OR WILDCAT
At surface 1710' FNL, 800' FEL		E. San Juan - Gallup Bakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		0 10 m20v D/II
14 PERMIT NO 15. ELEVATIONS (Show whether	ne er ce etc)	Sec. 12, T29N, R4W
13. 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Rio Arriba New Mexico
7112' GR,		
16. Check Appropriate Box To Indicate	Nature of Notice, Report, o	r Other Data 이 기 및 중심수 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기
NOTICE OF INTENTION TO:	SUBS	BQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT PULL OR ALTER CASING PRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE PLANS	(Other) Well	Progress 4-26-74 X
(Other)	Completion or Reco	nits of multiple completion on Well mpletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertiproposed work. If well is directionally drilled, give subsurface is	nent details, and give pertinent da ocations and measured and true ver	tes, including estimated date of starting any tical depths for all markers and zones perti-
nent to this work.) *		
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O. Dia.		
USGS (5) File 18. Thereby certify that the foregoing is true and correct		
	Administrative Superv	
SIGNED	Muministrative Super	VISOF DATE 4/20//4
(This space or Federal or State office use)		
		DATE
APPROVED BY TITLE _		