

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1423.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-18319
2. NAME OF OPERATOR Continental Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 152 North Durbin St., Casper, Wyo. 82601	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1485' FNL, 793' FWL	8. FARM OR LEASE NAME Conoco 29-4
14. PERMIT NO.	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT M3saverde E. San Juan - Pictured C.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T29N, R4W
	12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico

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* ☐Well Progress 3-29-74 ☒

(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.)*

Waiting on completion unit.



APR 8 1974

U.S. GEOLOGICAL SURVEY

USGS(5) NMOCC(2) File

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

SIGNED

J. A. Whelan

TITLE Administrative Supervisor

DATE 4/3/74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side