

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

1-89-IND-56

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rattlesnake

9. WELL NO.

142

10. FIELD AND POOL, OR WILDCAT

Rattlesnake Penn.

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

Sec. 12, T29N, R19W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL GAS WELL OTHER **05**

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 3312 - Durango, Colorado

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

1980' FWL, 1980' FWL - NW/4

14. PERMIT NO.

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

5377' RB, 5365' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

Final Report

(Other)

(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.)*

Recovered lost water. Well returned to production from the original Pennsylvanian "CD" zone (Penn. "E" zone not commercially productive). Present Allowable - 55 BOPD. Oil Transporter - Four Corners Pipe Line Company. Gas Transporter - Continental Oil Company.



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

Original Signed By:

SIGNED H. D. HALEY

TITLE District Manager

DATE 5-18-64

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS (3) BROCC (2) DRB JEH BU/MINRES HDM