

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.

66

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 28

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT  
Undesignated Gallup  
Undesignated Dakota

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

Sec. 28, T25N, 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, Casper, Wyo. 82601

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

1980' FSL, 1980' FEL (Unit Letter "J")

14. PERMIT NO.

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

6926' Gr., 6937' RB

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)

Change Producing Method

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

X

(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.)\*

Removed HRP packer and MMA mandrels, Gallup and Dakota production commingled  
in common well bore and producing through single tubing string by plunger lift.

NMOGCC Administrative Order No. DHC-57, dated 9-20-70

USGS Durango(6) File

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

SIGNED

J. A. Wilson

TITLE Administrative Supervisor

DATE 12-2-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

