Form	9-331
May	1963)

## UNITED STATES

	SUBMIT				
	(Other i	nstr	uctions	on	re-
,	TOTUG SIDE				

		Form Budge	a] t	pprove Bures	ed. Lu	Νo	. 42	-R	14
5.	LEASE	DESIG	N.	TION	AN	D S	ERI	ĄL	N

<b></b>	., 2000,		DE	PARTN	MENT OF THE INTERIC	)R verse side)	5. LEASE DESIGNATION AND SERIAL NO.
				G	EOLOGICAL SURVEY		66
	(Do not	SUNI			CES AND REPORTS O	ck to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME  Jicarilla Apache
	OIL X	GAS WELL		OTHER	•		7. UNIT AGREEMENT NAME
	NAME OF OPE						8. FARM OR LEASE NAME
•					Continental Oil Co	mpany	Jicarilla 28
3.	ADDRESS OF	OPERATOR					9. WELL NO.
					152 North Durbin,	Casper, Wyo. 82601	7
<b>1.</b>	LOCATION OF See also spa- At surface	WELL (Roce 17 belo	eport w.)	location c	early and in accordance with any S	state requirements.*	10. FIELD AND POOL, OR WILDCAT Undesignated Gallup Undesignated Dakota 11. SEC., T., B., M., OR BLE. AND
					1980' FSL, 1980' F	EL (Unit Letter "J")	SURVEY OR AREA
							Sec. 27, T25N, R4W
14.	PERMIT NO.				15. ELEVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
					6933' Gr., 694	6' RB	Rio Arriba New Mexico
16.			C	heck Ap	propriate Box To Indicate N		Other Data
		•	io <del>r</del> ici	OF INTEN	TION TO:	SUBSEQ	JENT REPORT OF:
			.01101				_

Check Appropriate Box to indicate training of the control of the c								
ICE OF INTENTION TO:	SUBSEQUENT REPORT OF:							
PULL OR ALTER CASING	WATER SHUT-OFF REPAIRING WELL							
	ALTERING CASING							

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		Completion or Recompletion	nultiple completion on Well n Report and Log form.)
				dotoe incl	uting actimated date of starting

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-60, dated 9-28-70



USGS Durango(6)

18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor SIGNED (This space for Federal or State office use) DATE . TITLE .

\*See Instructions on Reverse Side

<sup>17.</sup> 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.) \*