

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Continental oil company
3. ADDRESS OF OPERATOR
Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1850' FSL + 790' FEL*
AT TOP PROD. INTERVAL: *same*
AT TOTAL DEPTH: *same*

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐
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☐
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X commingle

5. LEASE
Contract No. 147
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ticari, Ille Apache.
7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
AXI Apache J
9. WELL NO.
21

10. FIELD OR WILDCAT NAME

Otero Chacra - Gonzales Masavorda

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

Sec. 5, T. 25N, R. 5W.

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

6652' RB

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

*commingled the Otero Chacra + Gonzales Masavorda in the subject well as follows:
Rigged up and killed the well with TFW. Pulled the 1 1/4" Tbg Vent String. Removed the Packer Seal Assembly from the Baker Model D Pkr at 5000'. Returned the well to production 12-16-77.*

NMOC order NO. R-5359, Dated 11-1-77

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Wm. A. Butterfield* TITLE *Asst. Dir.* DATE *1-19-78*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-Durango 5, Exxon, MJL, BEA, File