

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Contract 147
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 152 North Durbin, Casper, Wyoming 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 NW SW 1695' FSL, 950' FWL (Unit Letter "L")		8. FARM OR LEASE NAME AXI Apache "J"
14. PERMIT NO.		9. WELL NO. 22
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6524' GR 6534' KB		10. FIELD AND POOL, OR WILDCAT AXI Apache Chacra-Mesaverde
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T25N, R5W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing Run</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)*

Spudded 11-20-71. Drilled to TD 5203', PBTD 5166'. Set 8 5/8", 24# casing at 237' and cemented with 150 sacks Class "A" w/2% CaCl₂. Set 4 1/2", 10.5# casing at 5202' with stage collar at 3656'. Cemented with 250 gallon mud flush followed by 240 sacks 50-50 "Poz-A" w/2% gel, 6 1/4#/sack Gilsonite, 1/2 of 1% D-31. Cemented second stage with 250 gallon mud flush followed by 330 sacks as first stage. Plug down at 5:45 a.m. 12-1-71. Drilled stage collar at 3656', released rig 12-2-71. Waiting on completion rig to complete the well.



USGS(6) File(2) Humble Oil

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

SIGNED J. A. Usher TITLE Administrative Supervisor DATE 12-3-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: