

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PRINT IN TRIPLICATE

Form approved
Project 42-11111

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicarilla Apache</i>	
2. NAME OF OPERATOR Continental Oil Company		8. FARM OR LEASE NAME <i>AxI Apache "O"</i>	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		9. WELL NO. <i>3</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1120' KSL + 790' FWL of Sec. 9.</i>		10. FIELD AND POOL, OR WILDCAT <i>So. Blanco Pictured Cliffs</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 9, T-25N, R-4W</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>7290' GR</i>		12. COUNTY OR PARISH <i>Rio Arriba</i>	
		13. STATE <i>NM</i>	

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) <i>Shut-In</i>	<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.) *

Status of Well: *Shut-In*

Approximate date that temp. aban. commenced: *7-17-73*

Reason for temp. aban.: *WELL SHUT IN PENDING SALES LINE CONNECTION.*

Future plans for Well: *OBTAIN PIPELINE CONNECTION.*

Approximate date of future W. O. or plugging: *EXPECT CONNECTION BY FALL, 1976*

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

SIGNED *[Signature]* TITLE *Division Office Manager* DATE *10/30/74*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side