

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.

**CONTRACT NO. 151**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**Jicarilla Apache**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**AXI Apache "K"**

9. WELL NO.

**2**

10. FIELD AND POOL, OR WILDCAT

**Blanco Mesa Verde**

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

**Sec. 4, T. 26N, R. 5W**

12. COUNTY OR PARISH 13. STATE

**Rio Arriba N.M.**

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  GAS WELL  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 and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
**840' FNL & 1348' FEL OF Sec. 4**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**6556' DF**

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

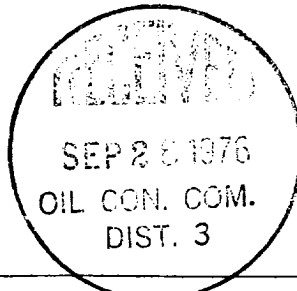
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <b>Repair Csg. &amp; Stimulate.</b> <input checked="" type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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.)\*

**IT IS Proposed to go in the Hole with a Bridge Plug & Packer, isolate the casing leaks and cement squeeze with 50 sx class "B" cement w/Additives. Squeeze Pictured Cliffs Perforations 3220-3244' w/50 sx class "B" cement with Additives. Stimulate the Mesa Verde Perforations w/750 Gals. Alcohol & Nitrogen and Return the well to Production.**



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

SIGNED **Wm. A. Dittmer** TITLE **ADMIN. SUPV.** DATE **9-29-76**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*OK*

\*See Instructions on Reverse Side

**USGS-Durango (5), BEA, File**