

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>147</b>
2. NAME OF OPERATOR <b>Continental Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>Jicarilla Apache</b>
3. ADDRESS OF OPERATOR <b>P. O. Box 3312, Durango, Colorado</b>		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 <b>1051' FNL, 925' FEL</b>		8. FARM OR LEASE NAME <b>AXI Apache "J"</b>
14. PERMIT NO.		9. WELL NO. <b>10</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6508' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Otero Chacra</b> <b>So. Blanco Pictured Cliffs</b>
		11. SEC. T, R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 3, T25N, R5W 104W</b>
		12. COUNTY OR PARISH <b>Rio Arriba</b>
		13. STATE <b>New Mex.</b>

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

NOTICE OF INTENTION TO:

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

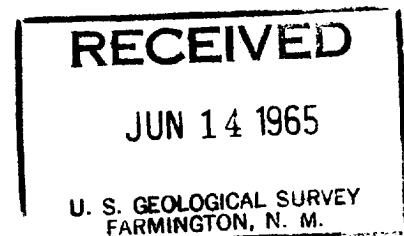
SUBSEQUENT REPORT OF:

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) <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.)\*

Due to terrain and economics we propose to change location on the subject well from 990' FNL, 990' FEL to the above. A correct "Well Location and Acreage Dedication Plat" is attached. Approximate spud date is 6-14-65.



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

SIGNED H. D. HALEY TITLE District Manager DATE 6/11/65

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

USGS(4) MDC(2) SRS Noble So. Union MEM

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

NEW MEXICO OIL CONSERVATION COMMISSION  
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102  
Supersedes C-128  
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

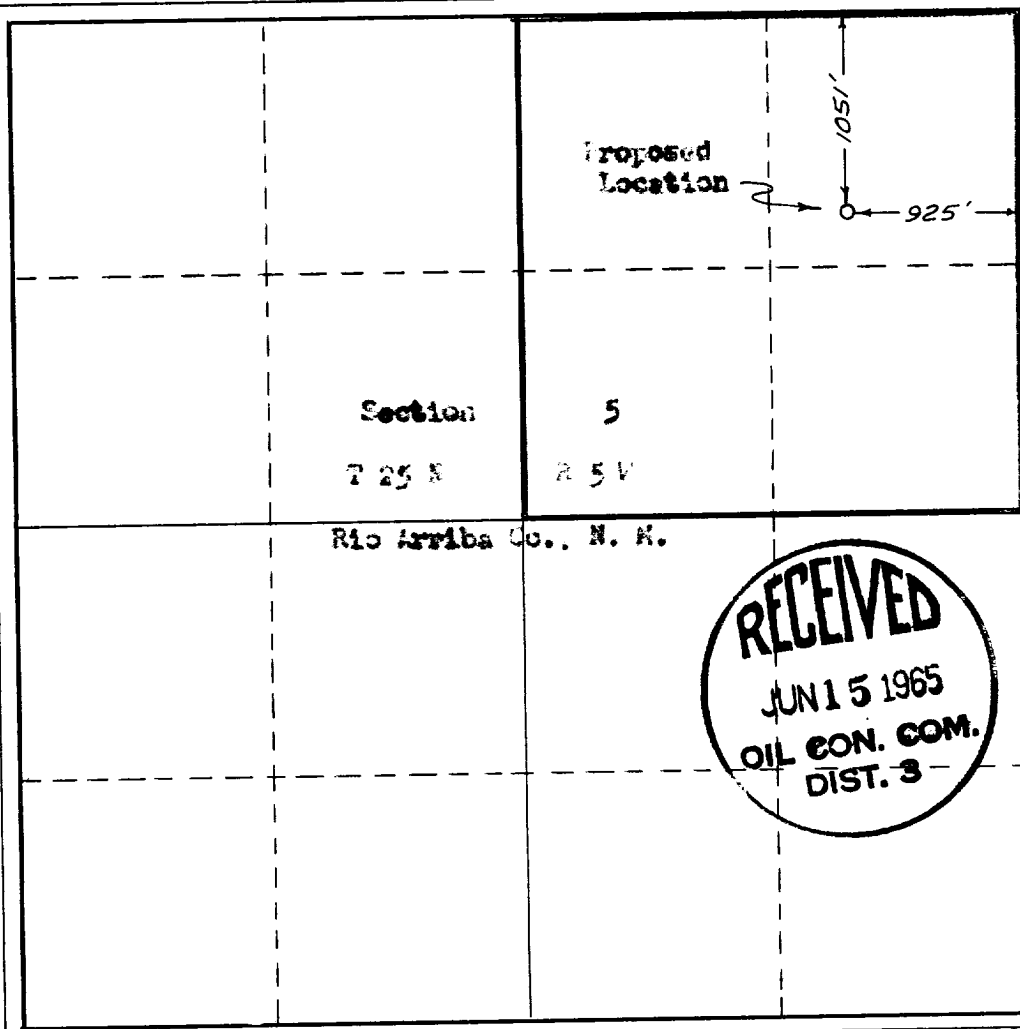
Operator <b>Continental Oil Company</b>			Lease <b>API Apache "J"</b>		Well No. <b>10</b>
Unit Letter <b>A</b>	Section <b>5</b>	Township <b>23N</b>	Range <b>3W</b>	County <b>Rio Arriba</b>	
Actual Footage Location of Well: <b>1031</b> feet from the <b>North</b> line and <b>925</b> feet from the <b>East</b> line					
Ground Level Elev. <b>6300'</b>	Producing Formation <b>Chusca Pictured Cliffs</b>		Pool <b>Otero Chusca So. Blanco Pictured Cliffs</b>		Dedicated Acreage: <b>159.29</b> Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. **159.29**
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation \_\_\_\_\_

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) \_\_\_\_\_

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Original Signed By:

**H. D. HALEY**

Name

**H. D. Haley**

Position

**District Manager**

Company

**Continental Oil Company**

Date

**6-11-65**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

**JUN 7, 1965**

Registered Professional Engineer and/or Land Surveyor

*Indravis H. Reed*

Certificate No.

**Ex. 3795**

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500 0