

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. CONTRACT No. 42
2. NAME OF OPERATOR CONTINENTAL OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE
3. ADDRESS OF OPERATOR Box 460, HOBBS, N.M. 88240		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 990' FNL & 990' FWL OF SEC. 20		8. FARM OR LEASE NAME AXI APACHE "D"
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6759' DF		10. FIELD AND POOL OR WILDCAT BALLARD PICTURED CLIFFS
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 20, T-24N, R-4W
		12. COUNTY OR PARISH RIO ARriba
		13. STATE N.M.

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

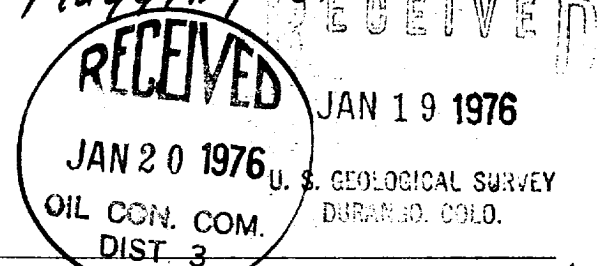
SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
(Other) PEA	

(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.)*

Spotted 10 sk. cmt. plug 2656'-2506'; 15 sk. plug 2350'-2018'. Shot off 3 1/2" csq. @ 1282' & pulled. Spotted 10 sk. cmt. plug 1450'-1200'; 20 sk. plug 200'-140'. Set 15 sk. cmt. plug @ sfc. & set dry hole marker. Spotted heavy drilling mud between all plugs. Cleaned location. Plugging started 8.23.74. Completed 8-23-74.



18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE SR. ANALYST DATE 1-16-76
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS-6(Durango), File

SA