

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. 66
2. NAME OF OPERATOR Continental Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 200 North Wolcott, 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 1980' FSL, 1980' FEL	8. FARM OR LEASE NAME Jicarilla 28
14. PERMIT NO.	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6933' GR; 6946' RB	10. FIELD AND POOL, OR WILDCAT Undesignated Gallup Undesignated Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T25N, R4W
	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) <input type="checkbox"/>	Casing Run <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 10-15-68. 8-5/8" OD, 24# casing set at 235' RBM and cemented with 140 sacks Class A cement, 2% KCl. Drilled to total depth 7770'. 5-1/2" OD, 14#, 15.5# and 17# casing set at 7770'; 2-stage collar at 5716'. Cemented thru shoe with 350 sacks of 50-50 Pozmix, 2% gel, 6-1/4#/sack of Gilsonite, 1/2 of 1% CFR-2. PD 7:50 P.M., 11-3-68. Cemented thru collar with 120 sacks Halliburton light cement treated with 1/2 of 1% CFR-2 followed by 300 sacks of 50-50 Pozmix, 2% gel, 6-1/4#/sack of Gilsonite, 1/2 of 1% CFR-2. Circulated 4 hours between cement jobs. Good returns throughout both jobs. Completed cementing thru 2-stage collar at 12:20 A.M., 11-4-68. Preceded both cement jobs with 500 gal. Halliburton Mud Flush. Rig released 3:30 A.M., 11-4-68.

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U. S. GEOLOGICAL SURVEY

USGS-Farmington(3) NMOC(2) File

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

SIGNED

TITLE

Admin. Section Chief

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

11/6/68

DATE