

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

65

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 22

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT
Undesignated Gallup
Undesignated Dakota11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 15, T25N, R4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
152 North Durbin, Casper, Wyo. 82601

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2080' FSL, 2290' FEL (Unit Letter "J")

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7086.5 Gr., 7100.5 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Change Producing Method ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

Removed HRP packer and MMA mandrels, Gallup and Dakota production commingled in common well bore and producing through single tubing string by plunger lift.

NMOGCC Administrative Order No. DHC-66, dated 9-28-70.

USGS Durango (6) File

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

SIGNED

J. A. UbbenTITLE Administrative SupervisorDATE 12-2-70

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

