

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.)

5. LEASE DESIGNATION AND SERIAL NO.

Contract No. 65

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Quicarilla Apache
UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Quicarilla 22

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

*W. Round with Bulling -
Rakata*

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

Sec. 22, T-25N, R-4W

12. COUNTY OR PARISH

Rio Grande

13. STATE

NM

1. OIL ☐ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1970' FSL & 790' FSL (2") of Sec. 22

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7001' GR

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) ☐

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.)*

Status of Well: *Shut-in*

Approximate date that temp. aban. commenced: *2-2-73*

Reason for temp. aban.: *WILL NOT FLOW AGAINST LINE PRESSURE.*

Future plans for Well: *ACIDIZE TO REMOVE SUSPECTED EMULSION BLOCK.*

Approximate date of future W. O. or plugging: *EXPECT WORKOVER BY OCT, 1975*

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

SIGNED

Robert Paul F...

TITLE

Division Office Manager

DATE

12-30-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

USGS-5 (Durango), File