

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract No. 41	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache	
3. ADDRESS OF OPERATOR 152 North Durbin, Casper, Wyoming 82601		7. UNIT AGREEMENT NAME Jicarilla 30	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2000' FSL, 2200' FEL ("J")		8. FARM OR LEASE NAME Jicarilla 30	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6903' GR, 6917' KB		10. FIELD AND POOL, OR WILDCAT W. Lindrith - Undesignate Gallup and Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, 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) <u>Well Completion</u> <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 1-19-72, TD 7600', PBTD 7567'. Rig released 2-1-72. Moved in completion unit 2-5-72 and perforated. Dakota perfs: 7274', 7283', 7285', 7287', 7289', 7291', 7309', 7311', 7419', 7421', 7423', 7425', 7427', 7432', 7434', 7465', 7467', 7469', 7471', and 7473' with 1 JSPF. Broke down Dakota perforations with 1500 gal. 15% HCl and 40 7/8" RCN ball sealers. Sand fractured with 66,400 gal. 1% KCl containing 2400# WG-6, 1900# Adomite Aqua, 30 gal. Adofoam, 4 gal. Adomall and 79,000# 10-20 sand. Gallup Perfs: 6462-71', 6494-98', and 6502-06' KB with 1 JSPF. Treated Gallup with 32,860 gal. 1% KCl containing 900# WG-6, 1100# Adomite Aqua, 15 gal. Adofoam, 2 gal. Adomall and 31,600# 10-20 sand. Spearheaded frac with 500 gal. 15% HCl. Test: Pumped 48 BO, 70 BLW, and 114 MCF gas. 1½" pump. Initial Potential: Pumped 40 BOPD, 125 MCF GPD, and 61 BLW.

Well completed 3-1-72.

USGS-Durango(6) File(2)

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

SIGNED J. A. Uhlen TITLE Administrative Supervisor DATE 3-9-72

(This space for Federal or State office use)

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