

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
CONTINENTAL OIL Company

3. ADDRESS OF OPERATOR
Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
960' FNL & 1690' FNL OF SEC 3

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6601' GR

5. LEASE DESIGNATION AND SERIAL NO.
CONTRACT No 151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
AXI APACHE "K"

9. WELL NO.
4-A

10. FIELD AND POOL, OR WILDCAT
BLANCO MESA VERDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T-26N, R-5W

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	FULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) SET Production CS9 ☒	

(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.)

DRLD 7 7/8" Hole to TD. Set 5 1/2" 14 LB K-55 CS9 AT 5653'. CMTD IN 2 STAGES W/DU TOOL AT 1662'; 1st STAGE 450 SX Class "B" CMT; 2nd Stage 150 SX Class "B" CMT. Plug Down 7-4-76 Tested CS9 2000 PSI Hold OK, Released Drlg Rig 7-4-76 & W.O. Completion Rig.



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

SIGNED Bell

TITLE Director

DATE 7-8-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____