

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

1-89-IND-57

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Table Mesa

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

Table Mesa Dakota

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

Sec. 3, T27N, R17W-NMPM

12. COUNTY OR PARISH 13. STATE

San Juan

N. M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Continental Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 3312 - Durango, Colorado

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
990' FSL, 1830' FWL - SW/4

14. PERMIT NO.

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

5318' GR 5328' RB

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

NOTICE OF INTENTION TO:

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

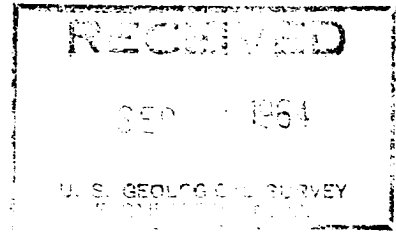
SUBSEQUENT REPORT OF:

WATER SHUT-OFF REPAIRING WELL
 FRACTURE TREATMENT ALTERING CASING
 SHOOTING OR ACIDIZING ABANDONMENT*
 (Other) Deepening

(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.)*

Moved in workover unit 7-16-64. Ran cable tools. Found TD at 1348' GLM. Cleaned out. Drilled to TD 1415' GLM. Good oil show 1409' to TD. Bailer tested well. Ran pump & tubing. Pumped 20 bbls. oil and 114 bbls. water in 24 hours, 7-23-64.



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

Original Signed by:

SIGNED H. D. HALEY TITLE District Manager DATE 8-31-64

(This space for Federal or State office use)

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

*See Instructions on Reverse Side