

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R-1424.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  | 5. LEASE DESIGNATION AND SERIAL NO.<br><i>Nm-18319</i>                            |
| 2. NAME OF OPERATOR<br><b>CONTINENTAL OIL COMPANY</b>  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 460, Hobbs, N.M. 88240</b>  | 7. UNIT AGREEMENT NAME  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>1485 FNL AND 793 FWL Sec. 20</i> | 8. FARM OR LEASE NAME<br><i>CONCE 29-4</i>  |
|  | 9. WELL NO.<br><i>7</i>   |
|  | 10. FIELD AND POOL, OR WILDCAT<br><i>Goberador</i>                                |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>Sec. 20, T. 29N, R. 43</i> |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><i>6565 GR</i>                  |
|  | 12. COUNTY OR PARISH<br><i>Rio Arriba</i>   |
|  | 13. STATE<br><i>NM</i>  |

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|  |  |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/>                                      | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                                  | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                               | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <i>Well placed on production</i> <input checked="" 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.)\*

*Well connected to Northwest Pipeline 5-9-78  
First Delivery of gas was on 5-11-78*



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

SIGNED *Wm A. Lee* TITLE *Administrative Supervisor* DATE *6-2-78*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 7 1978

*USGS-DURANGO (5) BEA File* \*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY  
DURANGO, COLO.