

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

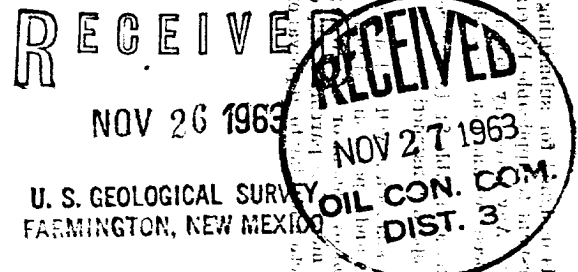
SUNDRY NOTICES AND REPORTS ON WELLS

(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. 1-89-100-54																								
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Kava Jo																								
3. ADDRESS OF OPERATOR P. O. Box 3312 - Durango, Colorado		7. UNIT AGREEMENT NAME																								
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1960' FWL, 1980' FWL - DM/4		8. FARM OR LEASE NAME Rattlesnake																								
14. PERMIT NO.		9. WELL NO. 142																								
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5377' RB 5365' GR		10. FIELD AND POOL, OR WILDCAT Rattlesnake																								
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data <table border="1"><thead><tr><th colspan="2">NOTICE OF INTENTION TO:</th><th colspan="2">SUBSEQUENT REPORT OF:</th></tr></thead><tbody><tr><td>TEST WATER SHUT-OFF</td><td><input type="checkbox"/></td><td>WATER SHUT-OFF</td><td><input type="checkbox"/></td></tr><tr><td>FRACTURE TREAT</td><td><input type="checkbox"/></td><td>FRACTURE TREATMENT</td><td><input type="checkbox"/></td></tr><tr><td>SHOOT OR ACIDIZE</td><td><input type="checkbox"/></td><td>SHOOTING OR ACIDIZING</td><td><input type="checkbox"/></td></tr><tr><td>REPAIR WELL</td><td><input type="checkbox"/></td><td>(Other)</td><td><input type="checkbox"/></td></tr><tr><td>(Other)</td><td><input type="checkbox"/></td><td>(Other)</td><td><input type="checkbox"/></td></tr></tbody></table>		NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 13, T29N, R19W
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(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>																							
		12. COUNTY OR PARISH San Juan																								
		13. STATE New Mexico																								

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.)*

This well was recompleted in October, 1963, in the Pennsylvania "B" gas zone. A model "D" packer was set @ 6662' to isolate the lower Pennsylvania "CD" oil zone for dual completion. The "B" zone was perforated from 6525'-6532' and 6565'-6572'. Commercial gas production from the "B" zone was not obtained. It is proposed to squeeze the perforations in the Pennsylvania "B" zone with cement, drill out the cement and Model "D" packer and return the well to production from the original Pennsylvania "CD" oil zone. The "CD" oil zone is an open-hole section from 6482'-6516'.



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

SIGNED _____ TITLE **District Manager** DATE **11-21-63**

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS (4) NMOC (2) CHG NDM