

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved
Budget Bureau No. 42 K1424

5. LEASE DESIGNATION AND SERIAL NO.

15 6916-17

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐	7. UNIT AGREEMENT NAME NMFU
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Raitt A-6
3. ADDRESS OF OPERATOR P.O. Box 1414, New Orleans, La.	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' gas - 660' oil, Section 6, T-20S R-20E, East County, New Mexico	10. FIELD AND POOL, OR WILDCAT Thermonut 2SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3571 DF
	11. SEC., T., R., M., OR B.L.K. AND SURVEY OR ALFA Sec 6 T-20S - R-20E
	12. COUNTY OR PARISH Lin
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

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

(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.)*

Work Done:

Set C.O.P. at 3667'. Ref. 3625-31', 3640-48', 3656-62'
with 1-3200 psi at 3600. Set C.O.P. at 3605-3600'
with 2000 psi at 3600. Set C.O.P. at 3600'.

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

SIGNED Signed: ROBERT GAULT IIITITLE Robert Gault IIIDATE 3-29-68

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side