



UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 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.)
 At surface **2073' FWL, 1950' FWL - SE/4 NW/4**
 At proposed prod. zone **2073' FWL, 1950' FWL - SE/4 NW/4**

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
567'

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
1000'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
6928' GR

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
9 7/8"	7 5/8"	26.4#	1000'	30 sacks regular
6 3/4"	4 1/2"	10.5#	1650'	100 sacks regular

We propose to drill this well with rotary tools to an estimated depth of 1650'. Approximately 100' of 7 5/8" casing will be run and cemented to surface. If commercial production is encountered, a string of production casing will be run and cemented and the well completed.

M10110 C2

Agent	<input checked="" type="checkbox"/>	
Exam	<input checked="" type="checkbox"/>	
Spot	<input checked="" type="checkbox"/>	
600 ft.		DVR
1800 ft.		WRS
Wells		HHM
Oil		JAM
Gas		FJP
		FILE

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and shall be drilled and true vertical depth. Give blowout preventer program, if any.

24. Original Signed By: **H. D. HALEY** TITLE **District Manager** DATE **4-24-64**

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY *[Signature]* TITLE _____ DATE **APR 23 1964**

*See Instructions On Reverse Side

BEST COPY AVAILABLE

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