UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract 78
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicarilla Apache
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill or to deepen or plug back to a different	
eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	AXI Apache F
well well other	9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	0
	10. FIELD OR WILDCAT NAME Balland Picture Cliffs
3. ADDRESS OF OFFISHISP, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 11, T-23N, R-5W
AT SURFACE: 1000' FSL & 1000' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Kio Arriba NM
COURSE ADDROPPINT DOV. TO HID WATER OF HERE	14. API NO.
.6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
	14. API NO. SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	
EST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE TAN 1	1983
RACTURE TREAT \square SHOOT OR ACIDIZE \square \square \square \square	CALINO REPORT TESUITS OF multiple completion or zone Change on Form 9–330.)
REPAIR WELL	A (MY) E: Report results of multiple completion or zone
PULL OR ALTER CASING TO THE SECOND STATE OF TH	Change on Form 9-330.)
MULTIPLE COMPLETE U. S. GRMING!	
other) Information	
United) The Marion	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	e all pertinent details, and give pertinent dates,
including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	t to this work.)*
T. () 1 // ()	- (10.02
In reference to your letter of	
we circulated \$505x to the surfac	e in setting
our 3½" casing	
147 012 040///	
	<i>!</i>
	~ 1 # #
	e e e e e e e e e e e e e e e e e e e
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	*
SIGNED WAY Q. Buller Ail TITLE Administrative Superv	150r DATE 1-14-83
(This space for Federal or State off	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE HEBURD
	\$ 15 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1
	JAN 2 4 999

*See Instructions on Reverse Side

NMOCC

FARMINGTON O'STRICT