## UNITED STATES

| UNITED STATES   | 5. LEASE   |
|---|--|
| DEPARTMENT OF THE INTERIOR  | Contract 36  |
| 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 reservoir. Use Form 9–331–C for such proposals.)  | t  |
| reservoir. Use Form 3-331-C for such proposals.)  | <del></del>  |
| 1. oil gas well other   | Northeast Haynes  9. WELL NO.  |
| 2. NAME OF OPERATOR   | 70   |
| Conoco Inc.   | 10. FIELD OR WILDCAT NAME  |
| 3. ADDRESS OF OPERATOR  | Otero Gallup   |
| P.O. Box 460, Hobbs N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR  |
| holour)   | Sec. 21, T-24N, R-5W   |
| AT SURFACE: 1849' FNL & 1849' FEL   | 12. COUNTY OR PARISH 13. STATE   |
| AT TOP PROD. INTERVAL:  | Rio Arriba N.M.  |
| AT TOTAL DEPTH:   | 14. API NO.  |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE  |  |
| REPORT, OR OTHER DATA   | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6484' GL   |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  | Va I GL  |
| TEST WATER SHUT-OFF   |  |
| FRACTURE TREAT  SHOOT OR ACIDIZE  |  |
| REPAIR WELL   | (NOTE: Report results of multiple completion or zone   |
| PULL OR ALTER CASING U U U U U U U U U U U U U U U U U U U  | change on Form 9-330.)   |
| CHANGE ZONES  |  |
| ABANDON*  |  |
| (other)   |  |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertin | directionally drilled, give subsurface locations and ent to this work.)*   |
| MIRU 6-18-79. Pulled production equip<br>fluid out of hole. Washed foam & N2  | oment lire 48 bb/s.  |
|   |  |
| hole clean. Ron production equipment<br>Swabbak well & returned to production   | a released rig.  |
|   | 1-19-79  |
| Swabbed well & returned to production   |  |
|   |  |
| Subsurface Safety Valve: Manu. and Type   | Set @ F  |
| 18. I hereby certify that the foregoing is true and correct   | A COLUMN TO THE PARTY OF THE PA |
| SIGNED Sin M. Lu TITLE Admin. Superv  | 150 DATE 9-25-79   |
| (This space for Federal or State  | office use)  |
| APPROVED BY TITLE   |  |
| CONDITIONS OF APPROVAL, IF ANY:   | SEP 2 7 1979   |
| BEA   | ్ష్మ్ క్రామ్ - ఆ క్రిమ్మిల్<br>మ్యోమ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్  |
| FILE  | U. S. GEOLOGICAL SURVEY  |

\*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY