

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

*Conoco Inc.*

3. ADDRESS OF OPERATOR

*P.O. Box 460, Hobbs, N.M. 88240*

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: *1150' FNL & 1545' FWL*

AT TOP PROD. INTERVAL: ☒

AT TOTAL DEPTH: ☒

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON ☐

(other) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

*Contract No. 121*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

*Jicarilla Apache*

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

*AXI Apache N*

9. WELL NO.

*16A*

10. FIELD OR WILDCAT NAME

*Blanco Mesa Verde*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

*Sec. 12, T-25N R-4W*

12. COUNTY OR PARISH

*Rio Arriba*

13. STATE

*N.M.*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

*7207' GR*

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)

*We request an extension for approval to drill the subject well.*

*The application to drill was originally approved 1-24-79.*

*We plan to spud this well 3-21-80.*

Subsurface Safety Valve: Manu. and Type

Set @ *OIL* *DATE 3* Ft

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

SIGNED

*John R. Butterfield*

TITLE *Admin. Supervisor*

DATE *12/31/79*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*4565-5*  
*FILE*

*ok Brub*