

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: 790' ENL & 1050' FEL
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) set 7" csg.

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

CONTRACT 124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AXI APACHE M

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

BLANCO MESAYERDE

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

SEC. 14, T-25N R-4W

12. COUNTY OR PARISH

RIO ARRIBA

13. STATE

NM

14. API NO.

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

(NOTE: Report results of multiple completion or zone change on Form 9-380.)

1980
OIL CON. COM.
DIST. 3

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.)*

Reached Intermed. csg. TD of 4250' on 8-4-80. Ran 7", 23", K-55 csg., set @ 4239' xo. Cnt'd w/ 225 sx. lite cmt., followed w/ 110 sx. class B cmt. Did not circ. Cmt. to surface. TOC @ 2345' KR.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

ACCEPTED FOR RECORD

for Administrative Supervisor
TITLE

DATE 8/11/80

(This space for Federal or State office use)

AUG 18 1980

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FARMINGTON DISTRICT

BY

BW

NMOCC