

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 ☐ gas ☒ other
well well

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 400, HODDS, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FN & 1520' 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 liner

SUBSEQUENT REPORT OF:

☐
☐
☐
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☐
☐
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☐
☐
☐

RECEIVED

AUG 21 1980

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE

CONTRACT 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.

11A

10. FIELD OR WILDCAT NAME

BLANCO MESAVERDE

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

SEC. 12, T-25N, R-4W

12. COUNTY OR PARISH 13. STATE

RIO ARriba NM

14. API NO.

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

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 TD of 6210' on 6-14-80. Run 4 1/2" 10.5#,
K-55 csg., set @ 6197'. Top of liner @ 4135'. Perf'd @
5700' w/ 5 holes. Set cnt. retainer @ 5650'. Pmp'd. in 150 SK.
class B cnt. Perf'd 4 holes @ 4800'. Pumped in 200 SK.
class B cnt.

ACCEPTED FOR RECORD

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm A. Bentley TITLE Administrative Supervisor DATE 8/19/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

60 USGS
1 BEA
1 MJL
1 FILE