. . . . المراجعة والأما معالمون در در میگردد.

1.07.15.

247725G

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	CONTRACT 124
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.)	
Teservoir, use roini 3-331-6 for such proposais.)	8. FARM OR LEASE NAME
1. oil gas other	AXI APACHE M
	9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME
	BLANCO MESA VERDE
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 83240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	SEC. 13. T-25N. R-4W
AT SURFACE: //00' FNL & 800' FEL	SFC. 13, T-25N, R-4W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	RIO ARRIBA NM
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	TO BELLEVILLE OF THE SECOND SE
FRACTURE TREAT	
SHOOT OR ACIDIZE	TEN TOWN
PULL OR ALTER CASING TO SEE	(NOTE: Report results of multiple completion of zone
MULTIPLE COMPLETE	0/1 0 70-
CHANGE ZONES	1 CON 1880
ABANDON*	(NOTE: Report results of multiple completion of zone change on Form 0-830.) CON CON COM
(other) SET PRODUCING CSG.	
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 d measured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and
·	
Reached TD6120' 8-20-80. Ran 41/2", 10.	5 # K-55 csq, set at 6117.
TOL at 3983' KB. BOL at 6101' KB. Cemen	ted up 600 sx. Class Bufadditives
Followed by 100 sx. Class Breat. TOC	
Tollowed by Too St. Class 13 Near! To C	300 80 37 1 7.000 7
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
and all the	9/2/00
SIGNE GER 151 FOR ADMINISTRATIVE SUPERVI	sor DATE
SEP 1 0 1980 (This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	12502 3 5 5 1
FARMINGTON DISTRICT NMOCC	
2 (4) (4 (b) (4 (b) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
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