6. IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

deceded to the	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.)	
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas gas other	NORTHEAST HAYNES
Well - Well - Other	9. WELL NO. 2E
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
CONOCO INC.	OTERO GALLUP BASIN DAKOTA
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P. O. Box 460, Hobbs, N.M. 88240	AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	SEC. 16, T-24N, R-5W
below.) AT SURFACE: 1850 FNL 4 1840 FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	RIO ARRIBA NM
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)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	VED - LUB
	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
TOLE OK ALTEK GASING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MULTIPLE COMPLETE ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	the state of the s
	ficios de la company de 🚽 🗸
ABANDON* L L (other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is described by the complete of t	rectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertine	nt to this work.)*
1 1 - 0 000	0 (000' 0)4
MIRU 9/16/83. REL RBP	@ 6300. SET MODEL
N = 11	_
"C" BORE PKR @ 5977' TO 1	SOLATE GALLUP RAN
DAKOTA PRODUCTION EQUIPMENT	LESTED 5 150,
1 BW, 4 419 MCF IN 24	HRS 9/30/83. DAKOTA
,	
WILL BE PRODUCED PENDING A	APPROVAL OF POWNHOLE
	-
COMMINGLING.	
Subsurface Safety Valve: Manu, and Type	Set @ Ft.
Subsurface Safety Valve: Manu, and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	, ,
	, ,
18. I hereby certify that the foregoing is trug and correct	rvisor DATE 11/17/83
18. I hereby certify that the foregoing is true and correct SIGNED LIVE Administrative Supe (This space for Federal or State of	rvisor DATE 11/17/83

DEC 0 2 1983

ACCEPTED FOR RECORD

*See Instructions on Reverse Side