FARMINGTON DISTRICT

BY \_

## UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract 65
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.)	8. FARM OR LEASE NAME
1. oil gas	Jicarilla 22
well well other	9. WELL NO.
2. NAME OF OPERATOR	12
CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	West Lindrith Gallup Dakota
P. O. Box 400, nobbs, N.M. 66240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 15, T-25N, R-4W
AT SURFACE: 1650 FNL \$850 FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Rio Arriba NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15 ELEVATIONS (CHOW DE KDD AND WD)
(La) (1.1.), (2.1.)	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	ĭ
FRACTURE TREAT	AND THE REAL PROPERTY OF THE P
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*,	1000 SUNVEY
(other) information only	SW ALW.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertiner.  The top of cement for the subject we	irectionally drilled, give subsurface locations and it to this work.)*
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2075 KB by a temperature survey.	
2015 TO by a temper service 31	
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	our reak com
	VOIL PROSESS
	21020
	The state of the s
Subsurface Safety Valve: Manu. and Type	Ft.
18. I hereby certify that the foregoing is true-and correct	
1.10	isor DATE July 28,1981
SIGNED TITLE Administrative Superv	DATE JULY AUT TO
(This space for Federal or State off	fice use)
APPROVED BY TITLE	DATE ASSERTS FOR READED
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	With the state of
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NMOCC	100 P

\*See Instructions on Reverse Side