DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
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.)	7. UNIT AGREEMENT NAME				
1. oil gas V	8. FARM OR LEASE NAME "M" 9. WELL NO.				
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME				
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR				
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1050 FSL + 1050 FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	SEC. 14, T-25N, R-4W 12. COUNTY OR PARISH 13. STATE 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) CHANGE WELL No. SUBSEQUENT REPORT OF: AUG 2: BUREAU OF LANI FARMINGTON RE	3 1983 Change on Form 9 ABPR 2 9 1983 D MANAGEMENT OIL CON. DIV. DIST. 3				
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a massured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and				

TO COMPLY WITH NMOCD RULES, WE REQUEST THAT WELL NO. 9 BE CHANGED TO WELL NO. 8A.

Subsurface Safety Valve: Manu. and Type			Set @ Ft.
18. I hereby certify that the foregoing is true and SIGNED Tribung D. Carlele	correct Administrative Supervisor	DATE	8/19/83
(This s	space for Federal or State office use)		-
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	_ DATE _	ACCEPTED FOR RECORD

AUG 26 1983

FARMINGIUN RESOURCE AREA

P. O. BOX 2018 SANTA FE, NEW MEXICO 87501

Form C-10? kevised 10-1-78

		All distances	must be from th	ne cuter bounds	rice of the Sc	etim.	
Operator			Le	gse .		-	Well No.
CONOCO INC		I		XI APACHE			8A
Jnit Letter	Section	Township		Range	Cou	•	
P Actual Footage Loca	11 ₁	25N		<u>L</u>		Rio Arrib	3.
1050		Canab		ז מלמ		Do-4	
round Level Elev.	feet from the Producing For	South	line and	1050	feet from	the East	line Dedicated Acreage:
7091	PICTUR	_	1	OUTH BL	ANCO P	C.	Dedicated Acreage:
2. If more the interest and	an one lease is d royalty).	dedicated to	the well, o	utline each a	nd identify	the ownersh	ip thereof (both as to working
	mmunitization, v		rce-pooling.	etc?		the interest	s of all owners been comsoli-
•			-				
		owners and to	act descript	ions which h	ave actual	ly been cons	olidated. (Use reverse side of
No allowab	_					•	communitization, unitization, een approved by the Commis-
	1					7	CERTIFICATION
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	1			l		6 }	eby certify that the information con-
,	1			1		1 1	d herein is true and complete to the
	i i	l		1		best	of my knowledge and belief.
	1			ì			
	_ +			 		Name Postar	inny D. Carlile
	1			i		for	Administrative Supervisor
·				1		ompar	CONOCO INC.
	i Se	ec.		i		Date	()
	i			1		Date	8/19/83
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	i	!				l her	eby certify that the well location
	i		14	I		1 1	on this plat was plotted from field
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P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-102 Revised 10-1-78

	^	Il distances must be	rom the cuter bounds	ries of the Section			
Operator		•	Lease			Well No.	
CONOCO INC			AXI APACHE	uMu		<u> 8A</u>	
Unit Letter	Section T	ownship	Range	County			
P	<u> 1</u> 1,	25N		Rio	Arriba		
Actual Footage Loc	ation of Well:						
1050	feet from the	South line on		feet from the	East	line	
Ground Level Elev.	Producing Format		P∞l	M	Dec	icated Acreage:	
7091	MESAVE	RDE	BLANCO	MESAVE	ERDE	E/320 Acres	
1. Outline the	1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.						
2. If more th	an one lease is dend royalty).	edicated to the we	ll, outline each a	nd identify the	ownership there	of (both as to working	
Yes	☐ No If answ	ver is "yes;" type	of consolidation.		AUG 2	owners been consoli-	
	f necessary.)			De		Today Acise aide of	
No allowab	ole will be assigned					itization, unitization, proved by the Commis-	
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	+				Nome	D. Carlile	
	1	1 .	· 1	1	Position Admin	strative Supervisor	
		1	1	l l	Company	NOCO INC.	
	Sec.		!	- 1	Date	110 /00	
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	1	1	1050		Registered Prole and/or 1 and/or 1		
·	1	<u> </u>	<u> </u>	<u> </u>	Pred B.	Kerr Jr.	
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