

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 well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
Conoco Inc

3. ADDRESS OF OPERATOR
P.O. Box 460 14665, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *8071N 1354/E*
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <i>sqz PC</i> <input type="checkbox"/>	<i>X</i> <input type="checkbox"/>

5. LEASE
CONTRACT NO. 151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SICARILLA Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Axi Apache K

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
PICTURED CLIFFS / MESA VERDE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 4 - 26 N - 5 W

12. COUNTY OR PARISH
ROQUE

13. STATE
N.M.

14. API NO.

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

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

7-14. MIRC pull + b9
sqz PC parts w/1503x Cl. B. cmt.
WOC 24 hrs
7-16 dild thru cmt. press test
held ok. ran prod. eqpt.
place well on production (MESAVERDE)

Subsurface Safety Valve: Manu. and Type

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

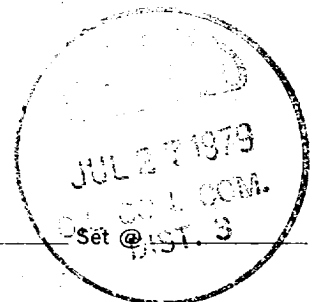
SIGNED *W. A. Butterfield* TITLE *Admin. Supr* DATE *7-23-79*

(This space for Federal or State office use)

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

LISGS Durango 5
BEA
MJK
FILE

*See Instructions on Reverse Side



JUL 26 1979

U.S. GEOLOGICAL SURVEY
WATER DIVISION