APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract 64
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.)	0. 5404.00 5405.4445
reservoir, use roins a sax o for such proposeday	8. FARM OR LEASE NAME Jicarilla 20
1. oil gas other	9. WELL NO.
2. NAME OF OPERATOR	8
CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	West Lindrith Gallup Dakota
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 19, T-25N, R-4W
AT SURFACE: 770'FNL & 760'FWL	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	TE SUSVATIONS (OLIOW DE VOD AND HID
REPORT, ON OTHER DAIN	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	at grant and a second a second and a second
FRACTURE TREAT	INED I WED STAN
REPAIR WELL	(NOTE: Report results of multiple completion or zon
PULL OR ALTER CASING JUN 5	is a company of the c
MULTIPLE COMPLETE	GICAL SURVEY
ABANDON* , ,	TON, N. M
(other) ran production csg.	a.21. 3
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
	•
Reached TD of 7650' on 5/30/81. Ran 5/2",15	5,5 # K-55, STC csg Set
at 7649! DV tool at 5009! Could in 2 stages.	1st stage: 430sx 50/50
Pozmix, tail w/250sx Class BNeat. 2nd sta	ge: 650 sx 50/50 Pozmix,
tail w/ 150 sx Class B Neat.	
Tall wy 152 52 2.025 B 11 1.	
TOC to be determined when completion a	activities begin.
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
SIGNED WWW O Now I TITLE Administrative Super	visor DATE June 3, 1981

_ TITLE _

LUCEPTED FOR RECORD

_____ DATE ______

*See Instructions on Reverse Side

(This space for Federal or State office use)