

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

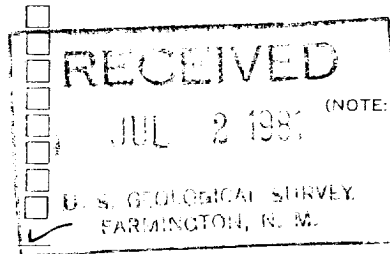
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐ **JUN 29 1981**
2. NAME OF OPERATOR  
**CONOCO INC.**
3. ADDRESS OF OPERATOR  
**P. O. Box 450, Hobbs, N.M. 88240**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **1650' FNL & 850' FEL**  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) **spud & run surface csg**

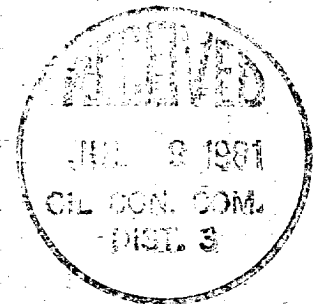
SUBSEQUENT REPORT OF:



5. LEASE  
**Contract 65**
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**Jicarilla Apache**
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
**Jicarilla 22**
9. WELL NO.  
**12**
10. FIELD OR WILDCAT NAME  
**West Lindrith Gallup Dakota**
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 15, T-25N, R-4W**
12. COUNTY OR PARISH  
**Rio Arriba**
13. STATE  
**NM**
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)\*

**MIRU. Spud on 6/24/81. Ran 85 1/2", 24", STC csg set at 425' Cmt'd. w/ 300 SX Class B neat. Circulated 5 bbls. cmt.**



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED **Wm A. Butterfield** TITLE **Administrative Supervisor** DATE **June 24, 1981**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC