DISTRICT ENGINEER

UNITED STATES DEPARTMENT OF THE INTERIOR

| UNITED STATES | 5. LEASE |
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| DEPARTMENT OF THE INTERIOR | CONTRACT 36 |
| 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 N.E. HAYNES |
| 1. oil gas well other | 9. WELL NO. |
| 2. NAME OF OPERATOR | / 3 10. FIELD OR WILDCAT NAME |
| CONOCO INC. 3. ADDRESS OF OPERATOR | Ballard Pictured Cliffs |
| P. O. Box 460, Hobbs, N.M. 88240 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) | Sec. 16, T-24N, R-5W |
| AT SURFACE: 1850' FNL \$ 1850' FWL AT TOP PROD. INTERVAL: | 12. COUNTY OR PARISH 13. STATE RIO Arriba NM |
| AT TOTAL DEPTH: | 14. API NO. |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | 15 ELEVATIONS (CHOW DE KOR AND WE) |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | (NOTE: Report Results of multiple completion or zone |
| | (NOTE: Report results of multiple completion or zone Change en Form 9–330.) |
| PULL OR ALTER CASING | |
| CHANGE ZONES | uai Çon, div. |
| (other) Extend approved APD | |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state | e all pertinent details, and give pertinent dates. |
| including estimated date of starting any proposed work. If well is of | firectionally drilled, give subsurface locations and |
| An Application for Permit to Drill (form | 9-331c) for the subject well |
| was approved on April 27, 1982. As this | application is near being one |
| wear old it is requested that approval or | f this well be extended for an |
| additional one year term. The well w | ill be spud approximately |
| June 27, 1983. extended | to 10/27/83 |
| | |
| | • |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | M |
| SIGNED Rule Feely TITLE Administrative Superv | DATE CIACCO 21 1983 |
| | |
| APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY: | DATE |
| | JAMES F. SIMS |
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