## UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Contract 78
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SORVET	Jicarilla Apache
OUNDRY MOTIOFS AND DEPORTS ON WELLS	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	71 ONT AGREEMENT TANKE
(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
	AXI Apache F
1. oil gas well other	9. WELL NO.
	9: 11222 110.
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
CONOCO INC.  3. ADDRESS OF OPERATOR	Ballard Picture Clifts
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	AREA
below.)	Sec. 11. T-23N. R-5W
AT SURFACE: 1000'FSL9-1000'FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Rio Arriba N.M.
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. LEVATIONS (SHOW DF, KDB, AND WD)
1	TED
REQUEST FOR APPROVAL TO:  SUBSEQUENT REPORT OF THE TOTAL STATE OF THE	
1201 Witzik Shot Sh	
FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  PULL OR ALTER CASING  MULTIPLE COMPLETE  CHANGE ZONES  SHOOT OR ACIDIZE  U. S. GEOLOGICAL N. Mahange on Form 9–330.)	
SHOOT OR ACIDIZE U JAN O	(NOTE: ONEY)
PULL OR ALTER CASING (NO BATTER CASING Mahange on Form 9–330.)	
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
(other) TD, ran production csg	
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 o	firectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinent to this work.)*	
Reachart TO of 2400 / 12 20 mg O do 140	
Reached TD of 2400' on 12-30-82. Ran 80 jts	
31/211 = = 1	
31/2" csg and cm+ w/340sx Class B, or 401 cub. ft.	
Circ 50sx. Pressure tested cog to 2500psi for 30 min. Waiting on completion activities.	
to a superior	
30 min Waish	
on completion activities.	
9 /	
	JAN (1 1564
	OU COM DIV
Subsurface Safety Valve: Manu. and Type	OIL sCON. DIV.
10 I have been desired to the state of a second control of the sec	DIST. 3
18. I hereby certify that the foregoing is true and correct	// 83
SIGNED WM Sully TITLE Administrative Super	visor DATE 1-4-83
(This space for Federal or State office use)	
APPROVED BY TITLE TOTALL CONDITIONS OF APPROVAL, IF ANY:	DATE ADJUST HAS TER CESSAR
SOMETHING OF ALTHOUGH IT AND	rapult that tele UIDEHH

\*See Instructions on Reverse Side

EVAMINGUAL TISARMA SVIJVA