Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES				
DEPARTMENT OF THE INTERIOR				
GFOLOGICAL SURVEY				

5.	LEASE
	Contract 147
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
	Jicacilla Apache
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME
	AXI Apache J WELL NO.
9.	WELL NO.
	24
10.	FIELD OR WILDCAT NAME
	Gonzales Mesaverde/Otero Cha
11.	SEC., T., R., M., OR BLK. AND SURVEY OR
	AREA
	Sec. 8, T-25N, R-5W
12.	COUNTY OR PARISH 13. STATE
i	Rio Arriba N.M.
14.	API NO.
1 -	ELEVATIONS (CLICKE DE LIES

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas well other 2. NAME OF OPERATOR Conoco Inc.	9. WELL NO. 24 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. D. Box 460 Hobbs, N.M. 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790'FSL & 990'FWL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T-25 N, R-5W 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	Rio Arriba N.M. 14. API NO. 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 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.)*

Although the Mesa-Verde zone produces gas, the gas meter was disconnected as there is insufficient pressure for it to enter the sales pipeline. Subject well is currently undergoing a pressure buildup test to determine if it can be commingled.

Subsurface Safety Valve: Manu. and Type	Set @	Ft.
18. I hereby certify that the foregoing is true and correct		
SIGNED Bun A. P. DATE TITLE Admin. Supervisor DATE	9-25-79	· · · · · · · · · · · · · · · · · · ·

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

SEP 2 7 1979

