

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

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1500' FSL & 850' FWL

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) Extend approval ☒

SUBSEQUENT REPORT OF:

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5. LEASE

Contract No. 121

6. IF INDIAN, ALLOTTEE OF TRIBE NAME

Ticarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

AXI Apache N

9. WELL NO.

16

10. FIELD OR WILDCAT NAME

Blanco Mesaverde

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 12, T-25N, R-4W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

14. API NO.

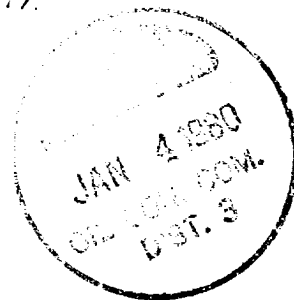
15. ELEVATIONS (SHOW DF, KDB, AND WD)

7145' GR

(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.)*

We request an extension for approval to drill the subject well.
The application to drill was originally approved 1-24-79.
We plan to spud this well April 21, 1980.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED John A. Butterfield TITLE Administrative Supervisor DATE 12-31-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5

FILE

ok Smith