1. oil

gas

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(other) TD & ran production

SHOOT OR ACIDIZE REPAIR WELL

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.)

	_
	Form Approved.
	Budget Bureau No. 42-R1424
ı	5. LEASE
Ì	Contract 124
١	
١	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-	Jicarilla Apache
	7. UNIT AGREEMENT NAME
1	,, o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
t	
_	8. FARM OR LEASE NAME
	AXI Apache M
	9. WELL NO.
_	$Q \Lambda$
_	10. FIELD OR WILDCAT NAME
	Blanco Pictured Clipps & Mesaverde
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
7	AREA
1	Sec. 14, T-25N, R-4W
	12. COUNTY OR PARISH 13. STATE
	l
	Rio Arriba NM
	14. API NO.

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

X other well well 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: 1050 FSL \$ 1050 FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

REPORT, OR OTHER DATA

RECEIVED SEP 27 19 (NOTE: Report results of multiple completion or zone change on Form 9–330.)

BUREAU OF LAND WAYAGE AREA
FARMINGTON RESOURCE AREA

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.)*

SUBSEQUENT REPORT OF:

Reached TD of 6136 on 9/20/83. Ran 199 joints 5/2", 15.5#csq set at 6/34'. Contd in two stages. Ist stage: 375 sx Class B lite, tailed W/ 350 sx Class B w/ 270 CaClz. 2nd stage: 600 sx Class B lite, tailed w/350 sx Class B w/2% Caclz. DV@ 3827'KB w/TOC 1722 KB

Set @ ___ Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct Administrative Supervisor (This space for Federal or State office use) ACCEPTED FOR __ DATE .__. TITLE CONDITIONS OF APPROVAL, IF ANY:

SEP 3 0 1983

*See Instructions on Reverse Side

FARMINGIUM RESUUNCE AREA BY Snh