

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
R.E. Lauritsen

3. ADDRESS OF OPERATOR
P.O. Box 2364, Farmington, New Mex.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2020' FNL & 1800' FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM 28752

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A

7. UNIT AGREEMENT NAME
N/A

8. FARM OR LEASE NAME
SCARECROW

9. WELL NO.
#2

10. FIELD OR WILDCAT NAME
Dufers Point-Gallup Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, 24N, R 8W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mex

14. API NO.

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) Change of Operator

RECEIVED
APR 23 1984
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

NOTE: Report results of multiple completion 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.)*

Please change operator from R.E. Lauritsen to:

LOBO PRODUCTION
P.O. Box 2364
Farmington, New Mexico 87499

APR 30 1984
OIL CON. DIV.
DIST. 3

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

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

SIGNED R.E. Lauritsen TITLE Operator DATE 4-18-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

APR 23 1984

*See Instructions on Reverse Side

OPERATOR

FARMINGTON RESOURCE AREA
BY sm