

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
Lobo Production

3. ADDRESS OF OPERATOR
PO Box 2364 Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
800 FNL and 800 FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: same

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Drill and Set Casing

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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.)*

Spud 9-30-84 Drilled to 110 ft. TD
Set 100 ft. 7" 23# K-55 casing

5. LEASE
NM 22593
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Pinto
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
wildcat Picture Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T25N, R11W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6450 Gr.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

Subsurface Safety Valve: Manu. and Type

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

SIGNED _____ TITLE _____ DATE 11-6-84

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

RECEIVED

NOV 8 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON, N.M.

NOV 30 1984

OIL CON. DIV.
DIST. 3

Set @ _____ Ft.

ACCEPTED FOR RECORD

NOV 28 1984

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCC