

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
P.O. Box 2364 Farmington NM 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FNL 990 FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
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* ☐

SUBSEQUENT REPORT OF

RECEIVED

JUN 30 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(other) Surface casing And Cement Record

5. LEASE
NM 27024
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Mesa-Twin Mounds
9. WELL NO.
#1
10. FIELD OR WILDCAT NAME
Wildcat Gallup/ Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T30N, R14W
12. COUNTY OR PARISH San Juan 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5492 GR

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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OIL CON. DIV.
DIST. 3

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.)*

6/27/83 Aztec Well Service moved on location.

6/28/83 Spud well @ 12:00 midnight. Drilled 12 1/4" hole to 215' KB
Ran 5 joints 8 5/8" 24# K55, ST & C, 8RD, R3 casing
200.90'. Landed @ 212.90' KB. Cemented with 150 sks
(127.12 cuft.) class "B" with 1/4#/sk flocele and 3%
CaCl₂. Plug down at 9:45 am..Circulated cement to
surface. WOC 12 hours. Test BOP to 600 psi.

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

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

SIGNED [Signature] TITLE [Signature] DATE 6-28-83

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

JUL 07 1983