

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

N.M.O. 46

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Cheney Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Blanco M.V.

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

Sec. 17, T26N, R2W, NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

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 "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL ☐ GAS ☒
WELL WELL OTHER

2. NAME OF OPERATOR

Socony Mobil Oil Company, Inc.

3. ADDRESS OF OPERATOR

10737 E. Shoemaker Ave., Santa Fe Springs, California

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

790' South of North Line and 1850' West of East Line of Sec.
17

14. PERMIT NO.

-

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7163 K.B.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

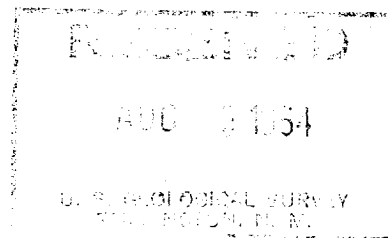
SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)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 perti-
nent to this work.)*

7/27/64

Spud 12:30 a.m., drilled 12-1/4" hole to 310'. Ran 10jts. (310')
9-5/8" J-55-32.30# casing. Shoe at 310'. Cemented with 210 sax Class
A cement. Good returns to surface. W.O.C. pressure tested to
600# for 30 minutes. Held O.K. Drilling ahead.

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

SIGNED

James M. Bumbach

TITLE

District Engineer

DATE

7/30/64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

U.S.G.S.

N.M.O.C.C. (1)

M.J.Meyer, F.M.N. (1)

F.M.B. - File (1)

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		5. LEASE DESIGNATION AND SERIAL NO. N.M.O. -C
2. NAME OF OPERATOR Checny Mobil Oil Company, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 10757 N. Chasemaker Ave., Santa Fe Springs, California		7. UNIT AGREEMENT NAME -
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 700' South of North Line and 1350' West of East Line of Sec. 17		8. FARM OR LEASE NAME Checny Federal
14. PERMIT NO. -		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7163 K.B.		10. FIELD AND POOL, OR WILDCAT Blanco N.V.
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T20N, 52E, R10W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

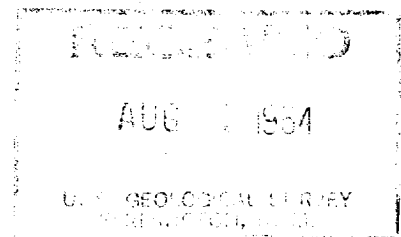
ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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7/27/64
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A cement. Good returns to surface. M.O.C. pressure tested to
5000# for 30 minutes. Hole C.K. Drilling ahead.



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

SIGNED

Fred M. Bumbach

TITLE

District Engineer

DATE

7/30/64

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

U.S.G.S. (1)
N.M.O.C.C. (1)

M.J. Meyer, F.M.N. (1)

F.M.S. - File (1)

*See Instructions on Reverse Side

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