

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ gas ☒ other ☐
well well
2. NAME OF OPERATOR
LOBO PRODUCTION
3. ADDRESS OF OPERATOR
P.O. Box 2364, Farmington, New Mex. 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790' FNL, 990' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 ☐
~~PLUG OR~~ ALTER CASING ☒
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT

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RECEIVED
JUL 11 1983

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

5. LEASE
NM 27024
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
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, T 30N, R 14W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mex.
14. API NO
15. ELEVATIONS (SHOW DF, KDB, AND WD)
5492 Gr (5505' KB)

Report results of multiple completion or 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.)*

Request permission to change casing program from:

6000' - 4 1/2" K-55 10.5# New casing

to:

5830' - 5 1/2" J-55 17.0 # New casing

Picture Cliff---948--H₂O-Trace of gas Graneros-Dakota---5608--Gas
Cliff House---1930--H₂O-Trace of oil T.D.-----5830
Point Lookout---3423--H₂O-
Mancos-----3734--H₂O-w/Traces of gas
Gallup-----4720--Gas and Oil
Lower Gallup---4990--Gas & Oil
Greenhorn-----5499--Gas

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

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

SIGNED A. E. H. H. H. TITLE Operator DATE 7-7-83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

APPROVED
~~AS AMENDED~~
JUL 12 1983
JAMES F. SIMS
DISTRICT ENGINEER