

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

L C 060978

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Socony Mobil Oil Company, Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Box 1800, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Jacobs Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 650' FS & EL Sec. 19, T-8S, R-35E, Unit P SE/4 SE/4		9. WELL NO. 6
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Milnesand San Andres
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-8S-35E
		12. COUNTY OR PARISH Roosevelt
		13. STATE N. Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Casing Test & Spud Date</u> <input checked="" type="checkbox"/>	

(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 pertinent to this work.)*

Verna Drilling Company commenced drilling operations 5:15 p. m., 11-20-64 (Spud Date). Set 367' of 24# 8-5/8" casing @ 367'. Cemented w/350 sx. Incor Neat + 3% CaCl. Plug Down at 11:30 p. m., 11-20-64. Cement circ. WOC 12 hrs. Tested 8-5/8" casing w/1000# for 30 minutes. Tested OK.

- Test data for less than 18 hrs. WOC time (NMOCC data)
- 1) 4690 cu. ft. 350 sx. @ 1.34 cu. ft. per sack
 - 2) Incor w/3% Cal-Seal, 14.8# per gal.
 - 3) 80° F., mixing water
 - 4) 110° F., formation temperature
 - 5) 605 psig compressive strength @ 6 hrs., Halliburton test
 - 6) 12 hrs. WOC time

18. I hereby certify that the foregoing is true and correct
SIGNED J. J. McDaniel TITLE Group Supervisor DATE 11/24/64
(This space for Federal or State office use)

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

DEC 1 1964

*See Instructions on Reverse Side GORDON
ACTING DISTRICT ENGINEER