

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, New Mex.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1750' FSL, 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) ☐

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(NOTE: 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.)*

May 24-1984- Drilled DV tool to 4999'. Cleaned out to Plug Back T.D. 6092'. Pressure tested casing to 4000 psi. Held. Circulated hole with KCL water. Pulled 190 jts. 2 3/8" tubing and tools.

Ran GR, CCL, Bond logs.

May 25-1984- Perforated Lower Gallup w/43 holes. Broke down Acid and KCL water. Fraced w/70 Quality Foam, 75,000 # Sand. Shut in for 2 hours. Opened to pit, 3/4" choke/flowed 12 hours.

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

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

SIGNED [Signature] TITLE Operator DATE 5-25-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE ACCEPTED

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAY 29 1984

OIL CON. DIV.
DIST. 3

*See Instructions on Reverse Side

NMOCC

BY Smn