

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 ☐ gas ☒ other ☐

2. NAME OF OPERATOR  
Rocanville Corp.

3. ADDRESS OF OPERATOR  
P O Box 208, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' FNL - 790' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

5. LEASE  
NM 060402

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Fairfield

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 15 T27N R13W NMPM

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. API NO.

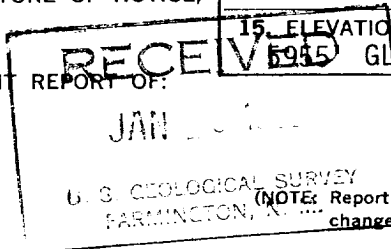
15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT

REPORT OF:



(NOTE: Report results of multiple completion or zone change on Form 9-330.)

XX Remedial Operations

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.)\*

Moved in and rigged up pulling unit. Ran swab and found well did not have hole in casing. Swabbed well in and put back on production.



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ ft.

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

SIGNED Jim L. Jacobs TITLE \_\_\_\_\_ Agent DATE 1-14-82

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 20 1982

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

FARMINGTON DISTRICT

BY RS