

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.)

Form Approved.
Budget Bureau No. 42-R1424

1. oil ☒ gas ☐ other ☐
2. NAME OF OPERATOR
LOBO PRODUCTION
3. ADDRESS OF OPERATOR
P.O. Box 2364, Farmington, New Mexico 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1825 FSL & 990 FWL
AT TOP PROD. INTERVAL: Same
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) ☐ ☐

5. LEASE
NM 2702
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA
7. UNIT AGREEMENT NAME
NA
8. FARM OR LEASE NAME
Mesa Twin
9. WELL NO.

10. FIELD OR WILDCAT NAME
WC Gail
11. SEC., T., R., MERIDIAN, BLK. AND SUB-AREA
Sec. 30, T. 14N, R. 14E, S. 4E
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
5390
15. ELEVATIONS (SHOW DF, FDB, AND WLD)
5390

(NOTE: Report results of multiple completion 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.)*

- 11-16- Baker Retrievable Bridge plug set at 5073' KB
500 Gals. 10% acetic acid w/2% KCL water. Perforated 2 3/8" hole.
4850'-5044' (34 shots). 63 bbls-2% KCL, pulled 2 3/8" tubing.
11-17- Frac'd w/120,000# 10/20 sand in 70 Quality
11-18- Flowing with 35 psig casing pressure and increased to 70

Subsurface Safety Valve: Manu. and Type

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

SIGNED E. Hunter TITLE Operator DATE 11-21-73

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

NMOCC

BY smm

RECEIVED
DEC 20 7 1973
ACCEPTED FOR RECORD