

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 well ☒ gas well ☒ other ☐
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: 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

5. LEASE	NM-27024
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	NA
7. UNIT AGREEMENT NAME	NA
8. FARM OR LEASE NAME	Mesa Twin Mounds
9. WELL NO.	#2
10. FIELD OR WILDCAT NAME	WC 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)	6405' KB

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

(other) Change Tubing

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.)*

11-25- Well dead. 'Cleaned out 45' sand and recovered Bridge Plug @ 4819'.
Cleaned out 50' sand and retrieved Bridge Plug @ 5085'. Pulled
tubing and ran Pengo Production Packer set at 5100' KB.
11-28- Ran 165 joints 1 1/2", 2.3#, J55 IJ tubing (Dakota Completion
String) to 5308.29' KB. Ran 150 joints 2 1/16" 2.90#, J55 IJ
tubing, landed at 4962.95' KB.

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

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

SIGNED [Signature] TITLE Operator DATE 12-5-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

DEC 15 1983

NMOCC

FARMINGTON RESOURCE AREA

BY [Signature]