

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE NM-27024
6. IF INDIAN, ALLOTTEE, OR TRIBE NAME N/A
7. UNIT AGREEMENT NAME N/A
8. FARM OR LEASE NAME MESA TWIN MOUNDS=31
9. WELL NO. #1
10. FIELD OR WILDCAT NAME Basin Dakota
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 31, T. 30N, R. 30W
12. COUNTY OR PARISH San Juan
13. STATE New Mex.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 5344 GR

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.)

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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: 990' FNL & 940' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH:

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 of zone
change on Form 9-330.)
MAY 02 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

18. 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.)*

April 26, 1984- PBDT: 5536' KB. Circulated hole with 500 gals. 10% acetic acid at 5430' KB. Pressure tested to 3000 psig.

Perforated Dakota 5402 - 5423 with 20 holes. Breakdown acidized with 500 gals. 15% HCL acid. Fraced w/30# cross linked gel (KCL) and 75,000# 20/40 sand: 1 gal./1000 surfactant, 2 gal./1000 clay stabilizer, 20lb./1000 fluid loss additive.

Landed tubing at 5246'. Swabbing well at this time.

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

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

SIGNED [Signature] TITLE Operator DATE 4-27-84
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
MAY 07 1984

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

RY Smm