Form Approved.

| Dec. 1973 | Budget Bureau No. 42-R1424 |
|--|---|
| UNITED STATES | 5. LEASE |
| DEPARTMENT OF THE INTERIOR | NM-27024 = 3.55 |
| GEOLOGICAL SURVEY | 6. IF MOIAN, ALLOTTEE OR TRIBE NAME, |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9-331-C for such proposals.) | N/A 8. FARM OR LEASE NAME |
| 1. oil on gas ro | MESA TWIN MOUNDS-31 |
| 1. Oil X gas X other | 9. WELL NO. |
| 2. NAME OF OPERATOR | W 1 5 3 |
| LOBO PRODUCTION | 10. FIELD OR WILDCAT NAME WC Gallup |
| 3. ADDRESS OF OPERATOR P.O. Box 2364, Farmington, New Mexico 87499 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) 990' FNL & 940' FWL | Sec. 31, T 30N, R 14 W |
| AT SURFACE: | 12. COUNTY OR PARISH 13. STATE 3 |
| AT TOP PROD. INTERVAL: AT TOTAL DEPTH: same | San Juan New Mex. |
| 6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. | 14. API NO. |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| | 5344' GR |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| EST WATER SHUT-OFF | |
| SHOOT OR ACIDIZE | |
| REPAIR WELL RECE | (NOTE Report results of multiple completion or zone |
| PULL OR ALTER CASING | change on Form 9-330.) |
| MULTIPLE COMPLETE | 3 1304 |
| ABANDON* | D MANAGEMENT |
| other) BOREAU OF LAND | FSOURCE AREA |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d | irectionally drilled, give subsurface locations and |
| measured and true vertical depths for all markers and zones pertinen | it to this work.)* |
| | |
| | |
| Sundry Dated 4-24-84: Please change to rea | ad: မိမိမိမိမိမိမိမိမိမိမိမိမိမိမိမိမိမိမိ |
| D 100 it = 6 1/0" 15 5# 755 0 | 그 사람들은 사람들이 되었다. |
| Ran 138 jts. 5 1/2" 15.5# J55, 8 ros 5623.09'. Set at 5618'. | and casing. Iotal of |
| 3023.09 . Set at 3010 . | SellO E REIVE |
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| | VICT MARY HO |
| | VIL COM. DIV. |
| Subsurface Safety Valve: Manu. and Type | DIST. 3 |
| • | |
| 18. I hereby certify that the foregoing is true and correct | 5-21-84 |
| Signed Operator Operator | DATE |
| (This space for Federal or State off | ice use) |

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

MAY 23 1984

FAKIMINGTON RESOURCE AREA
BY

MMOCC