

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 ☐ well gas ☐ well ☒ other

2. NAME OF OPERATOR
Lobo Production

3. ADDRESS OF OPERATOR
PO Box 2364 Farmington, NM 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
935' FNL & 810' FEL
AT SURFACE:
AT TOP PROD. INTERVAL:
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Remove Completion Log Gallup Dakota

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.)*

8-7-84: Nipple down dual tree, Nipple up BOP, killed Gallup and Dakota w/45 bbls. 2% KCL H₂O. Pulled out of hole w/ 1 1/2" 2.3# EUE tubing, unset packer, Pulled out of hole w/ 10 jts. 2 3/8" 4.7# EUE Tubing.

8-8-94: PooH w/151 jts. 2 3/8" 4.7# tubing and packer, Nipple down BOP, removed attachment head, Nipple up BOP, Ran in hole w/135 jts. 2 3/8" 4.7# EUE tubing, pulled up donut and land well @ 3750' Seating nipple @ 3728', Remove BOP, Nipple up tree., RD and Released rig.

Will lower tubing

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

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

SIGNATURE [Signature] OPERATOR DATE August 16, 1984

(This space for Federal or State office use)

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

SEP 10 1984
OIL CON. DIV.
DIST. 3

*See Instructions on Reverse Side

NMOCC

5. LEASE
USA SF078818-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Scorpio

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Basin Dakota /Wildcat Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T32N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6004.0 Gr.

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

ACCEPTED FOR RECORD

SEP 07 1984

FARMINGTON RESOURCE AREA
RV 6-23