

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.)
AT SURFACE 885' FSL 824' FEL
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) Change Casing Size <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE
NM 23246
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
virgo
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat Gallup/Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 8, T32N, R13W
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6239 Gr.

(NOTE: Report results of multiple completion or 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 depth for all markers and zones pertinent to this work.)*

10-31-84 Casing program changed from 8 5/8" K-55 24#
TO: 7" K-55 23#.

OIL COLL. DIV.
DIST. 3

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

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

SIGNED R. E. Sautter TITLE Partner DATE NOV 7, 1984

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCC

APPROVED

NOV 15 1984

AREA MANAGER
FARMINGTON RESOURCE AREA