HNITED STATES

Form approved.

(May 1963)	DEPAR	TME OF T	THE INVERIG	(Other instruction verse side)		5. LEASE DESIGNAL LC 060			
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 "APPLICATION FOR PERMIT—" for such proposals.)							6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
I. OIL X CAS WELL OTHER							7. UNIT AGREEMENT NAME		
2. NAME OF OPERA	ron					8. FARM OR LEAS	E NAME		
Socony Mobil Oil Company, Inc.							Jacobs Federal		
3. ADDRESS OF OPE				·		9. WELL NO.			
Box 1800, Poros, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*									
see arso space r	Thelow.)	on clearly and in acc	ordance with any S	tate requirements.*		10. FIELD AND PO			
At surface	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20 SS 35E								
14. PERMIT NO.		15. ELEVATIONS	(Show whether DF,	RT. GR. etc.)		12. COUNTY OR P.		· · · · ·	
		4213	· ·	,,		Roosevelt	New Me		
16.	Chack			iture of Notice, R		·			
	NOTICE OF IN		TO marcale 140	iture of inotice, K					
	Γ	IBMION IO.			RABREGA	ENT REPORT OF:		_	
TEST WATER SI		PULL OR ALTER C.		WATER SHUT-OF	FF	REPAIR	ING WELL	_	
FRACTURE TREA		MULTIPLE COMPLI	ETE .	FRACTURE TREA	ļ 	i.	NG CASING	_	
SHOOT OR ACIDI		ABANDON*		SHOOTING OR A			NMENT*	,	
(Other)	Li	CHANGE PLANS		(Note: R	eport results	of multiple comple	tion on Well	<u>)</u>	
	SED OR COMPLETED	OPERATIONS (Clearly	State all partinout	Completic	on or Recomple	etion Report and Le	og form.)		
nene oo ums w				details, and give perms and measured and					
Set 372* o down at 7:	f 0 5/8 " c a 30 7M 4 ~ 13∙	asing at 372	 Genented circulated 	perations at i w/300 sx Ir . ://OC 12 hot	ncor Neat	: + 2% HA-5,	Plug)	
Test data	for less th	nan 18 hours	. WOO time	(MECCC data))				
	i. slurry x incor nea mixing wate								
		tempe rature	•						
(5) 1100	psig compre		gth C 10 hro minutes. CK	. Dowell tes	5t				
			-						
				*		•			
						1			
								•	
	that the foregoing	is true and correct		<u> </u>			_		
SIGNED X.	/1	74 1 D V	manutan GT	oun Supervis	nr.	A	-15-65		

(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: DATE TITLE _ **APPROVED**

*See Instructions on Reverse Side

APR 18 1965