

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

660978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jacobs Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Milnesand San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

19-8S-35E

12. COUNTY OR PARISH

Roosevelt

13. STATE

N. Mex.

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.)

1. ☐ OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Socony Mobil Oil Company, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 1800, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 1980' FEL Sec. 19, T-8S, R-35E, Unit "J" NW/4 SE/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION / ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Casing Test ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

X

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.)*

Set 4800' of 4-1/2" 9.5# J-55 Casing @ 4800. Cemented w/1660 sx. Incor 4% gel + 100 sx Incor Neat + 1/4# sk Flocele. Plug Down @ 9:30 p. m. 11-29-64. Cement did not circulate. WOC 18 hrs. Test csg. @ 2000# 30 min.

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

SIGNED

J. J. McDaniel

TITLE Group Supervisor

DATE 12/1/64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

DEC 3 1964

*See Instructions on Reverse Side
J. L. GORDON
ACTING DISTRICT ENGINEER