

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jacobs Federal

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Milnesand San Andres

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

19 T-8S R-35E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

1720' FSL & 660' FEL, Sec. 19, T-8S, R-35E, Unit "J"
NE 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 COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Casing Test ☒

(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 4775' of 9.5# 4 1/2" casing at 4775'. Cemented w/1545 sx-Incor 4% Gel + 100 sx
Incor Neat 1/4#/sx Flocele. Plug down at 8:30 A. M. 12-10-64. Cement circulated.
WOC 13 hours. Tested 4 1/2" casing w/3000# for 30 minutes. Tested OK.

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

SIGNED

TITLE

Group Supervisor

DATE

12-15-64

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

DEC 17 1964

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