

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.

3

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

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

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

660' FSL & 660' FWL, Sec. 19, T-8S, R-35E,
Unit "M", SW/4, SW/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

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PULL OR ALTER CASING

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☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Casing Test

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 4795' of 9.5# 4 1/2" casing at 4795' Cemented w/1850 sx incor + 4% gel + 1/4#/sx Flocele + 100 sx incor neat. Plug down at 11:00 A. M. 12-21-64. Cement circulated. WOC 40 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

A. J. McDaniel

TITLE

Group Supervisor

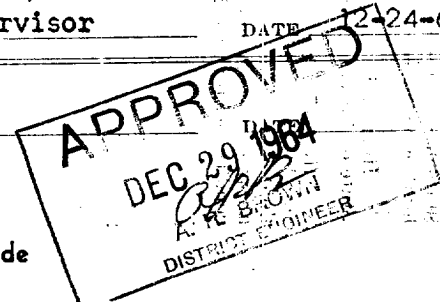
DATE 12-24-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side