

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions
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.

8

10. FIELD AND POOL, OR WILDCAT

Undesignated San Andres

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

19 T-3S R-35E

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Socony Mobil Oil Company, Inc.

3. ADDRESS OF OPERATOR

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 surface660' FSL & 660' FWL, Sec. 19, T-8S, R-35E,
Unit "M", SW4 SW4

14. PERMIT NO.

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

12. COUNTY OR PARISH
Roosevelt13. STATE
New Mexico

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 ☐ABANDON WELL ☐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. 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.)*

Verna Drilling Company Spudded 6:00 P.M. 12-11-64. Set 360' 8 5/8" 24# casing at 360'. Cemented w/300 sx Incor Neat w/2% HA-5. Plug down at 1:00 A.M. 12-12-64. Cement circulated. WOC 12 hours. Tested 8 5/8" casing w/1000# for 30 minutes. Tested OK.

Test data for less than 18 hours. WOC time (NMOCC data)

- (1) Cu. ft. Slurry
- (2) 300 sx incor neat w/2% HA-5
- (3) 70°F., mixing water
- (4) 70°F., formation temperature
- (5) 1100 psig compressive strength @ 12 hrs. Dowell test
- (6) WOC 12 hours test 1000# 30 min. 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

J. L. GORDON
ACTING DISTRICT ENGINEER