

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI  
(Other instructions  
verse 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.

10

10. FIELD AND POOL, OR WILDCAT

Milnesand San Andres

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

20 8S 35E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

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 surface

1720' FSL & 660' FWL of Sec.  
Unit "L" NW/4 SW/4

14. PERMIT NO.

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

GR 4213

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Casing test & cement job

(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.) \*

Rod-Ric Drilling Company commenced drilling operations @ 5:00 PM 1-12-65. (Spud date)  
Set 379' of 24# 8 5/8" casing at 379'. Cemented w/350 sx Incor Neat + 3% CaCl. Plug  
down at 1:00 AM 1-13-65. Cement circulated. Tested 8 5/8" casing w/1000# for 30  
minutes. Tested OK.

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

SIGNED

TITLE Group Supervisor

DATE 1-18-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

J. L. CONDON  
ACTING DISTRICT ENGINEER