

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT 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.

11

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

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

Secony 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

330' FSL & 2310' FEL of Sec.

Unit "O" SW/4 SE/4

14. PERMIT NO.

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

4213 GL

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

☒  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Casing test & cement job

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 4710' of 4 1/2" 9.5# J-55 casing at 4710". Cemented w/200 sx incor 4% jel + 100 sx incor neat 1/4#/sx flocele. Plug down at 7:00 PM 4-7-65. Calc. top of cement at 2400'. WCC 28 hrs. Tested 4 1/2" casing w/1500# for 30 minutes. Tested OK.

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

SIGNED

*J. L. Gordon*

TITLE Group Supervisor

DATE 4-9-65

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

APR 14 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER