Form 9-331 (May 1963)	UNIT פי DEPARTMEN' גד T				Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.			
	GEOLOGICAL SURVEY				LC 060978			
					6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
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.					. UNIT AGREEM	ENT NAME		
OIL AS GAS WELL OTHER							:	
2. NAME OF OPERATOR					. FARM OR LEA	SE NAME	**	
Socony Mobil Oil Company, Inc.					Jacobs I	Federal		
8. ADDRESS OF OPERATOR					. WELL NO:			
Box 1800, Ho	bbs, New Mexico		1		11		-	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)					O. FIELD AND I	OOL, OR WILD	CAT	
At surface	.)				Milnesar	nd San Ai	ndres	
330' FSL & 2310' FEL of Sec. Unit "O" SW/4 SE/4					11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA			
14. PERMIT NO.	15. ELEVATIONS	(Show whether DF,	RT, GR, etc.)	1	2. COUNTY OR	PARISH 13. 8	STATE	
	42.	13 GL			Roosevel	Lt New	Mexico	
16.		<b>T</b> 1 1		' '		<u> </u>		
10.	Check Appropriate Box	lo Indicate N	ature of Notice, Report	t, or Oth	er Data	-	<b>`</b>	
NO	TICE OF INTENTION TO :		s	SUBSEQUEN	T REPORT OF:			
TEST WATER SHUT-OFF	PULL OR ALTER CA	SING	WATER SHUT-OFF		REPA	IRING WELL		
FRACTURE TREAT	MULTIPLE COMPLE		FRACTURE TREATMENT	,		RING CASING		
SHOOT OR ACIDIZE	ABANDON®		SHOOTING OR ACIDIZIN			DONMENT.		
REPAIR WELL	CHANGE PLANS		(Other) Casing			•	X	
(Other)			(Norn: Report Completion or F	results of	multiple comp	letion on Wel		
Set 371' of 2' Plug down @ 8	g Company commenced 9# J55 8 5/8" casi 15 PM 3-30-65. Ca # for 30 minutes.	ng @ 371'. ement circu	Cemented w/300	sx inc	or neat +	- 3% CaCl		
18. I hereby certify that the SIGNED	····		oup Supervisor		DATE	4-1-65		
	*(	See Instructions	on Reverse Side					

J. L. GOMERON ACTING DISTRICT ENGINEER