

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Mobil Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Contract #168
3. ADDRESS OF OPERATOR Three Greenway Plaza East, Suite 800, Houston, TX 77046		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL & 330' FWL, Sec. 13, T-23-N, R-3-W		8. FARM OR LEASE NAME Jicarilla "M"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7379 GR		10. FIELD AND POOL, OR WILDCAT Chacon-Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T-23-N, R-3-W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)*

10/21/76 (8) 3200, ran 88 jts 7-5/8" 26.40# & 29.70# J-55 & N-80 ST&C & LT&C csg, 313' of 29.70# on btm, BJ Serv cmt csg on btm @ 3200 w/300 sx LW cont 5# gilsonite & 1/4# flocele/sx + 100 sx Class B neat, cmt circ. WOC 18 Hrs.

10/22/76 (9) test csg to 1000 for 30 min OK.

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

SIGNED

TITLE

Authorized Agent

DATE

10-27-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side