

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

30-048-22702

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-5477

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo "H"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Wildcat *Dehota*

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

Sec. 36, T-22-N, R-15-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ Start Test

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

Three Greenway Plaza East, Suite 800, Houston, Texas 77046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

2112' FNL & 751' FEL, Sec. 36, T-22-N, R-15-W

14. PERMIT NO.

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

5816.7 GR

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 ☐

REPAIR WELL ☐

(Other) Abandon Undrilled Location ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

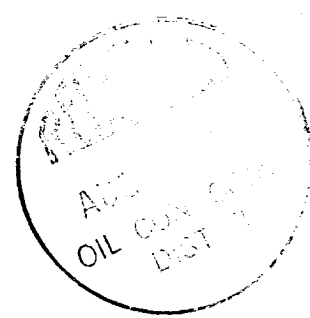
REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*



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

SIGNED W. M. Mella

TITLE Authorized Agent

DATE 7-27-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

Oliver