

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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
Mobil Producing TX. & N. M. Inc.

3. ADDRESS OF OPERATOR
P. O. Box 633 - Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FNL, 1650' FEL of Section 28

14. PERMIT NO.
N/A

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6607' GR

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract 12

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Otero

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Otero Gallup

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 28 T-24-N R-5-W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
NM

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

(Other) Gas Flare Request

(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).*

NTL-4A Exception Application

Request extension of Flare Permit for 1 additional year from May 6, 1987 till May 6, 1988. Casinghead gas volume is too small to attract buyer. Royalty will be paid as required.

Well recompleted 9/27/85 from the Dakota to the Gallup zone.

Tested 9 BOPD, 1 BWPD, 10 MCFPD.

Average daily production during March, 1987 = 9 BOPD, 9MCFD.

The Gallup zone is not committed under contract.

APPROVED SUBJECT TO PAYMENT OF FEE
PER BIA Dulce

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

SIGNED M. E. Sweeney TITLE Env. & Reg. Mgr.
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE 4/28/87

MAY 05 1987
DATE 4/28/87
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC