Form Approved.
Budget Bureau No. 42–R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9–331–C for such proposals.)

1. oil well ☐   gas well ☒   other

2. NAME OF OPERATOR
Mobil Oil Corporation

3. ADDRESS OF OPERATOR   Suite 800,
3 Greenway Plaza East, Houston, Texas   77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 840' FNL & 1800' FWL, Sec. 28,
AT TOP PROD. INTERVAL: T24N, R5W
AT TOTAL DEPTH:

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Contract #12

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Otero

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T24N, R5W

12. COUNTY OR PARISH   13. STATE
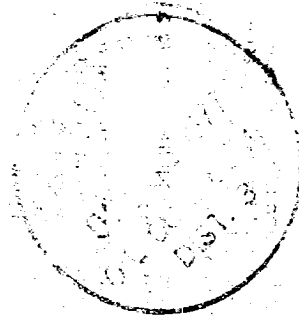Rio Arriba   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6648GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) Spud, set csg.			X

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

10/22/77:   340', WOC on 8-5/8" csg. Spud 5 pm, 10/21/77,
ran 8 jts 8-5/8" 24# K55 csg. set @ 335'.
Cmtd. w/225 sx B + 2% $CaCl_2$ PD 4:15 am,
10/22/77. Circ. 19 sx.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _____ TITLE Authorized Agent   DATE 10/26/77

(This space for Federal or State office use)

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

*See Instructions on Reverse Side