

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 other2. NAME OF OPERATOR
Mobil Oil Corporation3. ADDRESS OF OPERATOR
3 Greenway Plaza Ea., Suite 800, Houston 770464. 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: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) ☐☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE

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

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla Otero9. WELL NO.
510. FIELD OR WILDCAT NAME
Basin Dakota11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 28, T24N, R5W12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

14. API NO.

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

3/30-31/78: Re-perf 5½" csg 6784-6812, 6820-58, 6880-97' W/1 JSPF, 86 Holes.
Acidized perms w/2000 gals. 15% NEA, SITP 2000#-600# in 10 mins. On Vacuum in
30 mins. Attempted to swab & cut paraffin to 2000', fluid @ 3000'.

4/1/78: Swabbing on test.

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

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

SIGNED _____ TITLE Authorized Agent DATE April 4, 1978

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:Orig. & 2: USGS, Durango
3: NMOCC, Aztec

*See Instructions on Reverse Side

55