

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 Three Greenway Plaza East,
Suite 800, 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:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

SUBSEQUENT REPORT OF:

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☐

(other) Sqz off lower perms., reperf & acidize

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
Rio Arriba13. STATE
NM

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.)*

12/13/77 Set RTTS @ 6888' to test perms 6928-56'. Swbd 190 BFW in 12 hrs. Fluid @ 1000', no show.12/14/77 Set RTTS @ 6535, sqzd pfs. 6712-6956 w/200x H, Max. press. 2100#, ISIP 2000#.12/15/77 POH RTTS, drld cmt 6620-6737 (PBTD), Spotted 50 gals HCL & perf Dakota 1 JSPF 6708-6732' (25 holes)12/16/77 Acidized pfs 6708-6732 w/500 gals 15% HCl. Swbg. on test.

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

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

SIGNED Virginia Sheward TITLE Authorized Agent DATE 12/20/77

(This space for Federal or State office use)

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