

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR

Mobil Producing TX. & N.M. Inc.

3. ADDRESS OF OPERATOR Nine Greenway Plaza,
Suite 2700, Houston, Texas 770464. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.)AT SURFACE: 1810 FSL & 1810 ~~FWE~~ FEL

AT TOP PROD. INTERVAL: Same as surface

AT TOTAL DEPTH: Same as surface

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

REQUEST FOR APPROVAL TO:

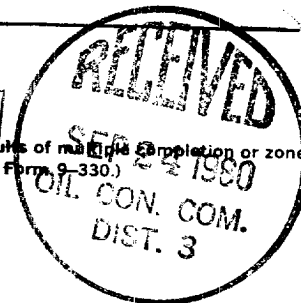
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

SEP 19 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.(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.)*
- 9-7-80 - Ran PDC 7456-600, perf Dakota B&D zones w/1 JSPF @ 7292; 94; 96; 98; 7300; 02; 04; 77; 79; 81; 83; 85; 86; 98; 7400; 02; 04 (Total 17 holes)
- 9-9-80 - Set RBP @ 7415, spot 300 gal 15% HCl set pkr @ 7349. Treat perfs 7377-7404 w/1500 gal 2% KCl wtr + 15 BS. Set RBP @ 7349 + pkr at 7197. Treat perfs 7292-7304 w/1000 gal 2% KCl wtr + 10 BS. Rel pkr & RBP, POH, Frac perfs 7292-7404 w/50,000 gal GWX-7 + 100,000# 20/40 mesh sd. Ran FEL + fraced B&D zones. Set RBP @ 7270, perf w/1JSPF 7174; 76; 78; 80; 82; 84; 86; 88; 90; 92; 94; 7224; 26; 28; 30; 32; 34; 36. Total 18 holes. Frac w/50,000 GWX-7 + 100,000# 20/40 sd. Job compl @ 10:30 PM 9-9-80.

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

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

SIGNED [Signature] TITLE Authorized Agent DATE September 15, 1980

(This space for Federal or State office use)

APPROVED BY _____

CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

ACCEPTED FOR RECORD

NMOCC

SEP 23 1980

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY BW