

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.)

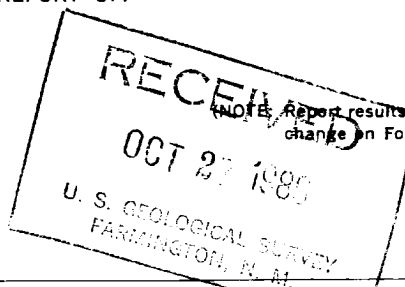
1. oil ☒ well gas ☐ well other ☐2. NAME OF OPERATOR
Mobil Producing TX. & N.M. Inc.3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 27004. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 940 FSL + 825 FWL
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface

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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(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.)*

10-19-80 Ran GR-Corrlog form 7519-6000. Perf 4½ csg in Dakota form W/ 1JSPF @ 7322; 24; 26; 28; 30; 32; 34; 7400; 02; 04; 06; 10; 12; 14; 16; 18; 22; 24; 26; 28; 30; 34; 36; 38; 40; 42; + 7444

10-20-80 GIH w/ Baker 4½ pkr on 2 3/8 tbg to 7250. Western treated perfs 7322-7444 w/2000 gal 2% KCl wtr + 50 RCNBS.

10-21-80 SWF perfs 7322-7444 w/5,000 gal mini max III - 40 + 100,000 # 20/40 sd set RBP @ 7300. Perf w/ 1JSP2F @ 7204; 30; 7250-60; 7270-7278. Treat perfs w/185bb1s. 2% KCl wtr. + 40 RCNBS Frac perfs 7204-78 w/50,000 gal mini max III - 40 + 100,000 # 20/40 sd.

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

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

SIGNED John Krenig AUTHORIZED Agent DATE 10-23-80

(This space for Federal or State office use)

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