

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 "APPLICATION FOR PERMIT-" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-03453	
2. NAME OF OPERATOR MOBIL PRODUCING TEXAS & N.M. INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA	
3. ADDRESS OF OPERATOR %MOBIL EXPLORATION & PRODUCING U.S. INC. P.O. BOX 633, MIDLAND, TX 79702		7. UNIT AGREEMENT NAME NA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2047' FSL, 1975' FWL		8. FARM OR LEASE NAME ARROYO BLANCO 23	
		9. WELL NO. 1	
		10. FIELD AND POOL, OR WILDCAT W. PUER. CHIQ. MANCOS	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 23, T24N R1W NMPM	
14. PERMIT NO. API # 30--39-24513	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR:7159	12. COUNTY OR PARISH RIO ARRIBA	13. STATE NEW MEXIC

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) SPUD AND SURFACE CSG NOTICE <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)*

AMENDED 2/27/90
WELL WAS SPUD ON NOVEMBER 21, 1989 AT 6:45 PM.
DRILLED TO 412'
SET 9 5/8" CASING AT 412' WITH 250SX CLASS 'B' CEMENT WITH 2% CaCl &
1/40 PER SACK CELL-O-SEAL. CEMENT RETURNS TO SURFACE. PRESS. TESTED
BOP & 9 5/8" CSG @ 1000 PSI.

RECEIVED

APR 3 1990

OIL CON. DIV.
DIST. 3

~~CONFIDENTIAL~~

RECEIVED
 APR 2 1990
 OIL CON. DIV.
 DIST. 3

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

SIGNED Shuley Todd TITLE PRORATION ANALYST DATE 2-27-90
 Accepted For Record

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE **APR 02 1990**

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

Mc
 Chief, Branch of
 Mineral Resources
 Farmington Resource Area

*See Instructions on Reverse Side