

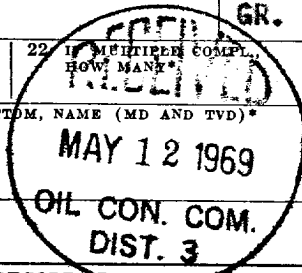
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☒	DRY ☐	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR						3. ADDRESS OF OPERATOR	
MOBIL OIL CORPORATION						P.O. BOX 1652 CASPER, WYOMING 82601	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*						5. LEASE DESIGNATION AND SERIAL NO.	
At surface 1600' South of North line and 790' East of West line Sec. 19, T26N, R3W, Rio Arriba County, New Mexico.						Jicarilla Tribal 98	
At top prod. interval reported below						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
At total depth						Jicarilla Apache	
14. PERMIT NO.						7. UNIT AGREEMENT NAME	
DATE ISSUED						8. FARM OR LEASE NAME	
15. DATE SPUDDED						Mobil Jicarilla 8	
16. DATE T.D. REACHED						9. WELL NO.	
17. DATE COMPL. (Ready to prod.)						8	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)*						10. FIELD AND POOL, OR WILDCAT	
GR. 7030' RKB 7043'						Tapacito-Pictured Cliffs	
19. ELEV. CASINGHEAD						11. SEC., T., R., M., OR BLOCK AND SURVEY	
7030'						SW 1/4 (E)	
20. TOTAL DEPTH, MD & TVD						SEC. 19, T26N, R3W	
3800'						12. COUNTY OR PARISH	
21. PLUG, BACK T.D., MD & TVD						RIO ARRIBA	
3750'						13. STATE	
22. IF MULTIPLE COMPL. HOW MANY*						NEW MEXICO	
23. INTERVALS DRILLED BY						25. WAS DIRECTIONAL SURVEY MADE	
ROTARY TOOLS						NO	
CABLE TOOLS						27. WAS WELL CORED	
0'-3800'						NO	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*						28. CASING RECORD (Report all strings set in well)	
PICTURED CLIFFS 3720'-38'						29. LINER RECORD	
26. TYPE ELECTRIC AND OTHER LOGS RUN						30. TUBING RECORD	
GPM						31. PERFORATION RECORD (Interval, size and number)	
3720'-38' 1 shot per foot						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
33. PRODUCTION						33. TEST WITNESSED BY	
DATE FIRST PRODUCTION						EL PASO NATURAL GAS CO.	
PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)						34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)	
DATE OF TEST						35. LIST OF ATTACHMENTS	
HOURS TESTED						36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records	
CHOKE SIZE						SIGNED John Hamlin	
PROD'N. FOR TEST PERIOD						TITLE SUPERVISOR, GENERAL ACCOUNTING	
OIL—BBL.						DATE 5-8-69	
GAS—MCF.						* (See Instructions and Spaces for Additional Data on Reverse Side)	
WATER—BBL.							
GAS-OIL RATIO							
FLOW. TUBING PRESS.							
CASING PRESSURE							
CALCULATED 24-HOUR RATE							
OIL—BBL.							
GAS—MCF.							
WATER—BBL.							
OIL GRAVITY-API (CORR.)							
8744-1421							
8744-6711							
NONE							
3921 (CAOF)							
NONE							

Shut in pending
Sales line hookup

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
				Pictured Cliffs	3699'	