

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT TO BUREAU OF LANDS
(Other instructions on reverse side)

Budget Bureau No. 42-01-02
5. LEASE DESIGNATION AND SERIAL NO.

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.)

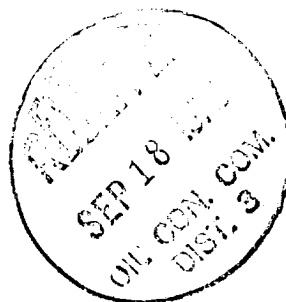
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Mobil Oil Corporation		7. UNIT AGREEMENT NAME Jicarilla Contract #95
3. ADDRESS OF OPERATOR Box 633, Midland, Texas 79701		8. FARM OR LEASE NAME Jicarilla "G"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 990' FNL, Sec. 36, T-27-N, R-3-W		9. WELL NO. 7-A
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7272 RT	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde Carlin Redwood Cliffs 11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec. 36, T-27-N, R-3-W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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) Commence drlg opt-casing test, XX cmt jo	
(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.)*

JICARILLA "G" #7-A
9/13 (1) 318 HD sh, WOC 8-5/8 csg, 12 1/4 hole, st @ 318, S. Mud. Arapahoe Drlg Co spudded @ 1:30 pm 9/12/75, ran 8 jts 8-5/8 OD 40.0 3rd ST2C csg, BJ Serv cmt d csg 318' w/200x Class A cmt w/2% CaCl, PD @ 8:05 pm 9/12/75, cmt circ, WOC, now instl BOP's.
9/15 (3) 2200 drlg sd & sh, 7-7/8 hole, 8.9-33-4.8. 1/2 @ 818; 1/2 @ 1318; 2" @ 2309; 2 1/2 @ 2779. WOC 18 hrs, tested csg 8005/ok.



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

SIGNED

TITLE **Authorized Agent**

DATE **9-15-75**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side