

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 GAS WELL OTHER

2. NAME OF OPERATOR
Mobil Producing TX & NM Inc.

3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 2700, Houston, TX 77046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
990 FSL & 990 FWL

14. PERMIT NO _____

15. ELEVATIONS (Show whether depth is to top of casing or to true bottom)
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Contract 94

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla

7. UNIT AGREEMENT NAME
Jicarilla F

8. FARM OR LEASE NAME
Jicarilla F

9. WELL NO.
7

10. FIELD AND POOL, OR WILDCAT
Gavalin Pictured Cliffs

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 24, T-27N, R-3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

RECEIVED
FEB 18 1987

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) <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 and 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.)*

This well was shut in 6-23-81.
This well is dually completed in the Blanco Mesaverde which is currently curtailed.
Authority is requested to retain well shut in for an additional year.

RECEIVED
FEB 20 1987
DIV. 1
DIST. 3

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 2-15-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE FEB 19 1987

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
FARMINGTON RESOURCE AREA
BY smm
Seg. 6231

*See Instructions on Reverse Side

NMOCC