

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
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 Jicarilla	
2. NAME OF OPERATOR Mobil Oil Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR Suite 800, Three Greenway Plaza East, Houston, TX 77046		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' FWL, Sec 26, T-27-N, R-3-W		9. WELL NO. 4-A	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7308 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, 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) <u>Casing Test & Cmt. Job</u> <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.) *

8/23/76
6400 ND, WOC 4½ csg, ran 202 jts 4½ 10.5# K55 csg set on bottom @ 6400, FC @ 6365, DV Tool @ 4208, BJ cmt 1st stage w/500x Lt wt + 5# gilsonite + ¼# flocele/x, tailed in w/300x B ¼# flocele, circ 50x, PD 11:30 AM 8/22/76, circ 5½ hrs, cmt 2nd stage thru DV Tool @ 5208 w/1322x Lt wt + 5# gilsonite + ¼# flocele, tailed in w/100x B + ¼# flocele, lost ret on last 100x, PD 7 PM 8/22/76, cmt did not circ, rel Arapahoe Drlg Co 4 AM 8/23/76, ran temp survey top @ 550.



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

SIGNED

TITLE Authorized Agent

DATE 8-27-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: