

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Mobil Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Contract #95	
3. ADDRESS OF OPERATOR 3 Greenway Plaza East, Suite 800, Houston, TX 77046		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 990' FEL, Sec. 26, T-27-N, R-3-W		8. FARM OR LEASE NAME Jicarilla "G"	
14. PERMIT NO.		9. WELL NO. 8-A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7305 GR		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		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 NM	

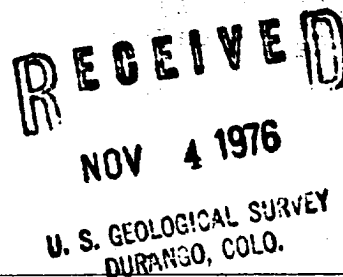
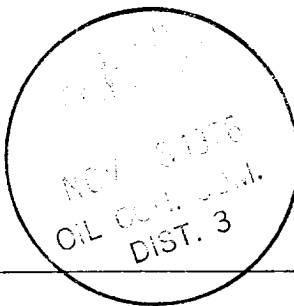
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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>Csg test & cmt Job</u>	<input checked="" type="checkbox"/>
(Other)		(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.)*

9/24/76 (24) 6300 TD, WOC on 4½" csg, fin running 4½" csg to 6300, total of 197 jts 4½" 10.5# X-55 csg, FC @ 6293, DV tool @ 4220, pump 400 bbls mud w/no ret, BJ Serv cmt 1st stage w/200 sx LH cont. 5# gilsonite & 1/4# flocele/sx + 300 sx Class C cont 1/4# flocele/sx, no returns on 1st stage, plug down @ 10:45 AM 9/23/76, circ thru DV tool @ 4220 6 hrs w/50% returns, cmt 2nd Stage thru DV tool w/1000 sx LH cont 5# gilsonite + ¼# flocele/sx + 100 sx Class C cont ¼# flocele/sx, plug down @6:30 PM, 9/23/76, gd circ for 45 min on 2nd stage of cmt & then no returns.

9/25/76 6300 TD, WOC 74 hrs & ran temp survey & indicate lt cmt top @ 2750 & gd cmt @ DVtool @ 4220, set slips & cut off & clean pits, released Cactus Drlg Co. @ 10:00 AM, 9/24/76. Tested csg to 3500 psi, OK.



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

SIGNED X J McDaniel TITLE Authorized Agent DATE 11-1-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: