

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR
Mobil Producing Texas New Mex Inc

3. ADDRESS OF OPERATOR
P.O. Box 633 Midland Tex

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
990/5 1838/W

AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

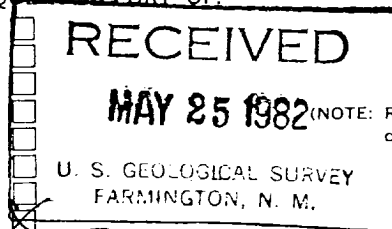
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

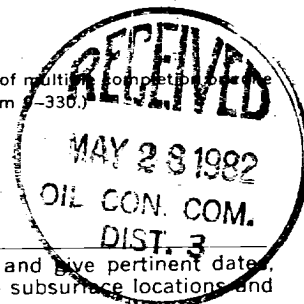
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Bring Cnt above Cjo Alamos Form

SUBSEQUENT REPORT OF:



5. LEASE
Jicquilla E Contract 89
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicquilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Jicquilla E
9. WELL NO.
7
10. FIELD OR WILDCAT NAME
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
990 FSL 1838 FWL Sec. 13 T 27 N R 3 W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mex
14. API NO.
2205
15. ELEVATIONS (SHOW DF, KDB, AND WD)
NA.



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.)*

Objective to Bring cnt above Cjo Alamos Form which was unable to when original cnt job to csg was done.

Per = 2 holes @ 3350' + sq. Form off @ w/50' x 50' (10 BBls slurry on Form) Sq. held @ 3000" POH w/ Tbg + Cnt down Brgain Head w/ 800' x 50' (160 BBls slurry) FPP 2000"

This procedure was agreed to by Don Elliott by phone

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Engr Sup DATE 5-24-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

APPROVED

MAY 27 1982

[Signature]
DISTRICT ENGINEER