Form 9-331 (May 1963)

16.

## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side) UNITED STATES

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. Navajo Contract No. 14-20-603-5019
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

CLOLOGICAL CONTEN								
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SUNDRY	<b>NOTICES</b>	AND	<b>REPORTS</b>	ON	WELLS			

(Do not use this form for prog	osals to drill or to deepen or plug back to a different reservoir. CATION FOR PERMIT—" for such proposals.)		
OIL GAS WELL OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR  Mobil Oil Corporation	8. FARM OR LEASE NAME Navaio		
3. ADDRESS OF OPERATOR	East, Suite 800, Houston, Texas 77046	9. WELL NO.	
<ol> <li>LOCATION OF WELL (Report location See also space 17 below.)</li> <li>At surface</li> </ol>	Tocito Dome Penn "D"		
1050' FNL & 1845' FW	11. SEC., T., R., M., OR BLK. AND SUBVET OR AREA		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 9, T26N, R18W 12. COUNTY OR PARISH 13. STATE	
	GN 5751	San Juan NM	

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

NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		water shut-off  fracture treatment shooting or acidizing  (Other) Perforate & a  (Note: Report results of m Completion or Recompletion	
(Other)		· · · · · · · · · · · · · · · · · · ·	<u> </u>	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.) \*

10/2/77 Perf  $5\frac{1}{2}$ " csg in Penn "D" Zone 6414 - 19 w/4 JSFP, 20 holes

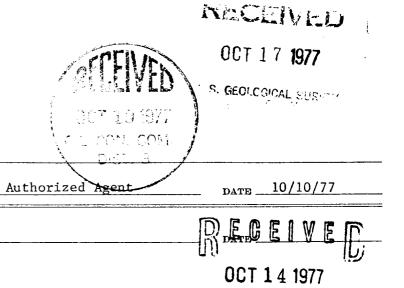
10/5/77 Acidized pfs. 6414-19' w/1000 gal. 15% Hcl

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

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY



TITLE

TITLE