

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

30-045-22701

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-5475

6. IF IN OIL, AT OTHER OR OTHER NAME

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo "F"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat *Dakota*

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T-22-N, R-14-W

12. COUNTY OR PARISH

San Juan

13. STATE
New Mexico

1. OIL ☐ GAS ☒ WELL ☐ OTHER ☐ Start Test

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

Three Greenway Plaza East, Suite 800, Houston, Texas 77046

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

1488' FNL & 918' FEL, Sec. 30, T-22-N, R-14-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5757 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETION ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

REPAIR WELL ☐

CHANGE DEAN ☐

(Other) Abandon Undrilled Location ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(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.)*

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

SIGNED *C. M. Wells*

TITLE Authorized Agent

DATE 7-27-77

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Olal

*See Instructions on Reverse Side