

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL. COPY
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-060978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

11 25 AM '66

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR Mobil Oil Corporation | | 8. FARM OR LEASE NAME Jacobs Federal | |
| 3. ADDRESS OF OPERATOR P. O. Box 633, Midland, Texas 79701 | | 9. WELL NO. 13 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 860' FNL & 660' FWL of Sec. 20, Unit "D" | | 10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres) | |
| 14. PERMIT NO. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20 8S 35E | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4210 GR | | 12. COUNTY OR PARISH Roosevelt | 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 checked="" 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) <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.)*

August 2, 1966 4820 TD, San Andres (4693-4723) OA Cardinal Chemical Company SOF perfs. down 2-3/8 tbg. w/5000 gals. El Paso refined oil plus 10,000# 20/40 Ottawa sand TTP 5700#, rate 3.8 BPM, ISIP 2800#, 10 Min. SIP 1000#, job complete @10:30 A.M. August 2, 1966, SI 19-1/2 Hrs., TP 800#, prepare to pull tubing & packer, CO sand and put well on pump w/140 BLO to recover.

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

SIGNED T. A. Payne TITLE Authorized Agent DATE 8-10-66

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 11 1966
A. H. BROWN
DISTRICT ENGINEER