UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

| SUBMIT | IN | TRIPLICATE |
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| CODIVIT | " 1 | MIPLICATE |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

TRANSFER OF OWNERSHIP

| Į | 5. LEASE DESIGNATION AND SERIAL NUMBER |
|---|--|
| | JICARILLA NO. 12 |

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

ALTERING CASING

ABANDONMENT

| 01.15.15.51.7 | NOTICES | 000000 | 001 14/51 | |
|---------------|---------|------------|-----------|-----|
| SUNDRY | NOTICES | REPORTS | ON WEL | I S |

MULTIPLE COMPLETE

ABANDON

CHANGE PLANS

| SUNDRY NO | TICES AND REPORTS ON WELLS | | |
|--|---|--|-----------------------|
| OIL GAS GAS WELL] | OTHER ENHANCED RECOVERY INJECTION WELL | 7. UNIT AGREEMENT NAMI | E |
| 2. NAME OF OPERATOR MOBIL PRODUCING TEXAS & NEW MEXICO INC. Dugi N | | 8. FARM OR LEASE NAME JICARILLA OTERO SCHI | |
| 3. ADDRESS OF OPERATOR P.O. BOX 633, MIDLAND, TEXAS 79703 | | 9. WELL NUMBER 1 | |
| 4. LOCATION OF WELL AT SURFACE SW SW SEC 22, T24N R5W NMPM 390/5 990/W API NUMBER 30-039-21978 | | 10. FIELD AND POOL, OR WILDCAT | |
| | | 11. SEC., T., R., OR BLK. AND SURVEY OR AREA 22, T24N, R5W, NMPM | |
| 14. PERMIT NUMBER | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH RIO ARRIBA | 13. STATE N.M. |
| 16. Chec | k Appropriate Box To Indicate Nature of Notice, Repor | rt, or Other Data | |
| NOTICE | OF INTENTION TO: | UBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING WATER SHUT-OFF | REPAIRING W | ELL [|

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

STHER

THIS PROPERTY HAS BEEN SOLD TO:

DUGAN PRODUCTION CORPORATION P.O. BOX 5820 FARMINGTON, N.M. 87499-5820

DATE OF SALE DECEMBER 1, 1988

EFFECTIVE DATE OF SALE DECEMBER 1, 1988



OIL CON. DIV. DIST. 3

| | 0131. 3 | |
|---|------------------------------|---------------------|
| 8. Thereby certify that the foregoing is true and correct | - | |
| SIGNED P. C. adams | TITLE REGULATORY ENGR. TECH. | DATE 2-16-90 |
| (This space for Federal or State office use) | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE | ACCEPTED FOR RECORD |
| | MMOCD | V65 0 0 10 10 50 |