

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 TX. & N.M. Inc.

3. ADDRESS OF OPERATOR
9 Greenway Pl., Ste 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990 FNL & 990 FEL, S1, T26N, R3W
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface

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

5. LEASE Jic. Cont. 96

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jicarilla H

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Gavilan Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 1, T-26N, R-3W

12. COUNTY OR PARISH 13. STATE
Rio Arriba NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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) Temporarily Abandon

SUBSEQUENT REPORT OF:

RECEIVED
NOV 17 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED
NOV 21 1983
OIL CON. DIV.
DIST. 3

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

This well was shut in 12-01-66.

This is a dual completed well currently producing from the Blanco Mesa Verde zone.

Request authority to maintain the Gavilan Pictured Cliffs completion in a temporarily abandoned status.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Paula A. Collins TITLE Authorized Agent DATE 11-10-83

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

*See instructions on Reverse Side

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