

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO.	
2. NAME OF OPERATOR Mobil Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Contract #95	
3. ADDRESS OF OPERATOR Three Greenway Plaza East, Suite 800, Houston, Texas 77046		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  990' FSL & 990' FEL, Sec. 26, T-27-N, R-3-W, Rio Arriba County, New Mexico		8. FARM OR LEASE NAME Jicarilla "G"	
14. PERMIT NO.		9. WELL NO. 8A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7305' GR		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		11. SEC., T., R., M., OR B&K. AND SURVEY OR AREA Sec. 26, T-27-N, R-3-W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

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 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) <u>Start drlg opt &amp; csg test &amp;</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	cmt job

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.)\*

9/1/76

Cactus Rig #20 spud 12 1/4 hole @ 9 PM 8/31/76, drill to 311, circ 1 1/2 hrs, POH, ran 9 jts 8-5/8 20# csg set on bottom at 311'.

9/2/76

(2) 311 WOC 8-5/8, BJ cmt 8-5/8 on bottom @ 311 w/300x B + 2% CaCl2, PD 7 AM 9/1/76, cmt circ. WOC 18 hrs tested 8-5/8" csg & BOP to 800# tested. OK



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

SIGNED [Signature] TITLE Authorized Agent DATE 9-10-76

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: