

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' FSL & 1838' FWL Of Sec. 13,

AT TOP PROD. INTERVAL: T27N, R3W

AT TOTAL DEPTH: Same as surface

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

REQUEST FOR APPROVAL TO:

**SUBSEQUENT REPORT OF:**

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐

**MULTIPLE COMPLETE**

CHANGE ZONES ☐

ABANDON\*

(other) Cement 5½" csg X (Remedial Plan)

RECEIVED

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

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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.)\*

Recommended Remedial Plan #1 for cementing 5½" casing above 3400':

1. ~~ND tree, NU BOP's.~~
  2. ~~Squeeze 5½" casing x 7-7/8" open hole annulus with 900 cubic ft. of Class B cement containing ¼#/sk Flocele (based on 20% excess of the calculated annular volume).~~
  3. ~~GIH with bit; Test across DV tool. Close tool or squeeze, if necessary.~~
- ~~If this does not meet with your approval, we offer alternative Remedial Plan #2:~~
1. ND tree, NU BOP's.
  2. Perforate 5½" casing 20' above top of cement @ 3400', establish circulation and cement squeeze from 3400'-surface, using a calculated volume of 900 cu. ft. (20% excess of the calculated annular volume).
  3. GIH with bit; test across DV tool. Close tool or squeeze, if necessary.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Virginia Howard TITLE Authorized Agent DATE 4-8-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**TITLE**

DATE \_\_\_\_\_

**\*See Instructions on Reverse Side**

APPROVED

Plan # 2.

APR 16 1982

For DISTRICT ENGINEER