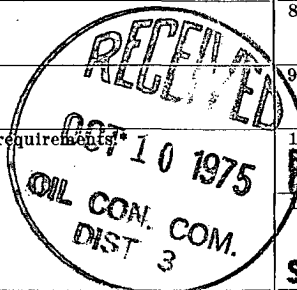


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Mobil Oil Corporation	7. UNIT AGREEMENT NAME Jicarilla Contract #95
3. ADDRESS OF OPERATOR Box 633, Midland, Texas 79701	8. FARM OR LEASE NAME Jicarilla "G"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL & 990' FNL, Sec. 36, T-27-N, R-3-W	9. WELL NO. 7-A
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde Gavin Pictured Cliffs
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7272 GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 36, T-27-N, R-3-W
	12. COUNTY OR PARISH Rio Arriba
	13. STATE New Mexico



16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Casing test & cement job <input checked="" 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.)*

9/29 6250 TD, Ran 149 jts 5 1/2 OD 15.5# K55 8rd LTAC csg to 6250 w/ baffle collars @ 5995, 5743 & 5657 w/ DV Tool @ 4094, Howco cmtd 1st stage w/ 75x T11W cmt + 380x Class B Neat cmt, open DV Tool, circ 3 hrs, cmt did not circ, Howco cmtd 2nd stage thru DV Tool w/ 540x T11W cmt + 150x Class B cmt, PD @ 8 pm 9/28/75, cmt did not circ, set slips on csg, rel Arapahoe Drlg Co rig @ 11 pm 9/28/75, WOC 24 hrs, tested 5 1/2" csg to 1500#, Tested OK.

OCT 9 1975

U. S. GEOLOGICAL SURVEY
BIRMINGHAM, ALA.

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

SIGNED

TITLE

Authorized Agent

DATE

10-7-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side