

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)30-039-2127
Form approved
Budget Bureau No. 42-K1424

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. Jicarilla Contract #95	
2. NAME OF OPERATOR Mobil Oil Corporation		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 633, Midland, Texas 79701		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' FNL & 990' FWL, Sec. 36, T27N, R3W		8. FARM OR LEASE NAME Jicarilla "G"	
14. PERMIT NO.		9. WELL NO. 7A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7272' GR		10. FIELD AND POOL, OR WILDCAT Blanco-Mesaverde & Gavlin Pictured Cliffs	
		11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec. 36, T27N, R3W	
		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:		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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Change Well Number <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.) *

The number of this well is being changed from #11 to #7A to conform to requirements of the New Mexico Oil Conservation Commission.

RECEIVED

AUG 18 1975

U. S. GEOLOGICAL SURVEY
DURANSO, COLO.

AUG 25 1975

OIL CONSERVATION
Santa Fe

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

SIGNED <u>A. D. Bond</u>	TITLE <u>Proration Staff Assistant</u>	DATE <u>8-14-75</u>
(This space for Federal or State office use)		
APPROVED BY <u>Okaf</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side