

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

CUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different interval. Use Form G-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 Plaza, Suite 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL & 800' FWL, Sec. 15, T24N, 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

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) ☐ NEW WELL

SUBSEQUENT REPORT OF:

RECEIVED

NOTE: Report results of multiple completion or zone change on Form G-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.)*

8/16/82 MIRT, Arapahoe Drlg Co. rig #10, spud in @ 9pm, 8/16/82.

8/17/82 Fin 17½ hole @ 1:15 pm 8/17/82, circ 1/2 hr, POH, ran 10 jts - 419' of 13-3/8 48# H40 ST&C csg, BJ cmt csg @ 419 w/ 475x Class B + 2% CaCl2 + 1/4# FC/x, PD @ 6 pm 8/17/82, cmt circ 100x, WOC & NU BOP's 12 hrs, test csg & BOP to 1000/ok, prep to GIH w/ 12½ bit.

8/22/82 Fin 11" hole @ 6 PM 8/22/82, circ 2 hrs, POH, ran 8-5/8 csg to 3000' & attempt to circ & had no returns, now pumping LCM slug.

8/23/82 P 2 - 500 bbl slugs of LCM & get 90% circ, fin running 8-5/8 csg, total of 82 jts = 3379' of 8-5/8 csg, from btm up: 25 jts = 1080' of 32# K-55 ST&C csg + 57 jts = 2299' of 24" K-55 ST&C csg, BJ cmt csg @ 3379 w/700 sxs 50-50 Poz + 6% gel + 2% CaCl + 1/4# FC/sx + 150 sxs Class B + 2% CaCl + 1/4# FC/sx, PD @ 4 pm 8/23/82, cmt circ & then lost circ, WOC 2 hrs & pump 50 sxs (cont on

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

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 8/25/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY

TITLE _____

DATE _____

ACCEPTED FOR RECORD

SEP 2 1982

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT
BY SMH

