

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM-00099 |
| 2. NAME OF OPERATOR Mobil Producing TX & NM Inc. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla |
| 3. ADDRESS OF OPERATOR 9 Greenway Plaza - Suite 2700, Houston, TX 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 1650 FEL & 990 FNL | 8. FARM OR LEASE NAME Jicarilla "D" |
| 14. PERMIT NO. | 9. WELL NO. 6 |
| 15. ELEVATIONS (Show whether OP, RT, GR, etc.) BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA | 10. FIELD AND POOL, OR WILDCAT Gavilan Pictured Cliff |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-26N, R-3W |
| | 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:

| | |
|---|---|
| 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) Temporary Shut-In <input checked="" 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) <input 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.)*

Well was shut-in 4-23-87; temporarily disconnected from gas pipeline company.

Request authority to retain well in a temporary shut in status until a new connection can be obtained.

RECEIVED
JUN 11 1987
OIL CON. DIV.
DIST. 8

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

SIGNED Nancy Luvs

TITLE Authorized Agent

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE 6-4-87

JUN 09 1987
DATE

Juni A. Luvs
for AREA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC