

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR  
Mobil Producing TX & NM Inc.

3. ADDRESS OF OPERATOR  
9 Greenway Plaza, Ste. 2700, Houston, TX 77046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
990 FEL & 1450 FSL

14. PERMIT NO.

15. ELEVATIONS (Show whether by RT, GN, etc.)  
BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

5. LEASE DESIGNATION AND SERIAL NO.  
Cont 96

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Jicarilla Indian

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Jicarilla H

9. WELL NO.  
10

10. FIELD AND POOL, OR WILDCAT  
Gavalin Pictured Cliffs

11. SEC., T., R., M., OR B.L. AND  
SURVEY OR AREA  
Sec 11, T-26N, R-3W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
N.M.

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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Temporary Shut-In <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.)

Well was shut in 12-2-85; unable to buck line pressure

Request authority to retain as temporarily abandoned until well is able to produce again.

Approved for Shut-in  
until 5-19-87

RECEIVED  
MAY 15 1986  
CON. DIV.  
ST. 3

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

SIGNED Nancy Lewis TITLE Authorized Agent

(This space for Federal or State office use)

APPROVED BY Edna Kellum TITLE AREA MANAGER DATE MAY 14 1986

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side