

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <i>Jicarilla Contract 96</i>
2. NAME OF OPERATOR <i>Mobil Oil Corporation</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <i>Jicarilla</i>
3. ADDRESS OF OPERATOR <i>P.O. Drawer G. Cortez Co 81321</i>		7. UNIT AGREEMENT NAME <i>Jicarilla</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <i>990' FEL. 1450' FSL</i>		8. FARM OR LEASE NAME <i>Jicarilla H</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>KB: 7106'</i>	9. WELL NO. <i>10</i>
		10. FIELD AND POOL, OR WILDCAT <i>Gavilan Pictured Cliffs</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 11, T26N, R3W</i>
		12. COUNTY OR PARISH <i>Rio Arriba</i>
		13. STATE <i>N. Mex.</i>

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) <input checked="" type="checkbox"/> <i>Casing Integrity Test</i>	

(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.) \*

7.31.87 Began test at 8:00 AM. SICP = 255 psi. SITP = 250 psi.  
Flowed well for 1 hr. Final FCP = 200 psi. Final FTP 195 psi.  
Shut well in. After 15 minutes SICP = 255 psi, SITP 250 psi.  
No liquids were produced during test.

RECEIVED  
AUG 13 11 58 AM  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C. 20240

RECEIVED  
AUG 18 1987  
OIL CON. DIV.  
DIST. 3

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

SIGNED *[Signature]* TITLE *Sr Staff Op Engr* DATE *8.12.87*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC