

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐ P & A

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR 3 Greenway Plaza East,
Suite 800, Houston, Texas 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: Unit P, 990' FSL & 990' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

NMO46

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cheney - Federal

9. WELL NO.

1-A

10. FIELD OR WILDCAT NAME Blanco Mesa Verde/
Gavilan Pictured Cliffs11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA

Sec. 8, T26N, R2W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7131' GR(NOTE: Report results of multiple completion or zone
change on Form 9-330.)

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.)*

11/19/77: Released Baker Model D Packer @ 3591; pulled pkr & 2 3/8 tubing. Loaded hole w/10# mud. Spotted Plug #1: 20 sx Class C cmt 5376-5083. Plug #2: 20 sx Class C cmt 3745-3600'. Plug #3: 35 sx Class C cmt 3592-3083'. Plug #4: 5 sack cmt plug, 30'-surface. Cut off wellhead, welded plate. Installed 4" pipe marker. Drake Well Service released 7:30 pm, 11/19/77. Surface to be restored as required by USGS & NMOCC regulations

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Virginia Howard TITLE Authorized Agent DATE 12/2/77

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: