

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

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 | | 5. LEASE DESIGNATION AND SERIAL NO. |
| 2. NAME OF OPERATOR Mobil Oil Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Contract #96 |
| 3. ADDRESS OF OPERATOR Three Greenway Plaza East, Suite 800, 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 990' FNL & 1190' FWL, Sec. 12, T-26-N, R-3-W | | 8. FARM OR LEASE NAME Jicarilla "H" |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4901 GR | 9. WELL NO. 12 |
| | | 10. FIELD AND POOL, OR WILDCAT Basin Dakota |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26 Sec. 12, T-21-N, R-3-W |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE New Mexico |

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 PLANS <input type="checkbox"/> | (Other) <u>Casing test & cmt Job</u> <input checked="" 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.) *

10/9/76 8375 TD, 4-12/" liner. Ran 68 jts 2240' of 4-1/2" 11.6# K-55 liner set @ 8373, FC 8339, top liner 6133, BJ cmt w/380 sx B + 4% gel + 1/4 cu ft pilsonite + 6% D-19 tailed in w/100 sx B neat, PD 5:30 AM, 10/9/76, rev out 40 sx, laying down DP, WOC 18 hrs. Tested 4-1/2" csg 1000# for 20 mi, OK.

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

SIGNED [Signature] TITLE Authorized Agent DATE 10-14-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: