

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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	
3. ADDRESS OF OPERATOR Three Greenway Plaza East, Suite 800, Houston, Texas 77046		7. UNIT AGREEMENT NAME Jicarilla Contract #98	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 990' FEL, Sec. 20, T-26-N, R-3-W		8. FARM OR LEASE NAME Jicarilla "B"	
14. PERMIT NO.		9. WELL NO. 3-A	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT Blanco Mesa Verde	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-26-N, R-3-W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

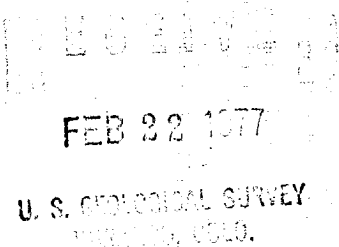
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) Casing cmt & test job <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.)*

12/26/76 (34) 6172 TD, cmt 4½ csg, LD DP, ran 198 jts 4½ 10.5# K%, DV @ 4039, pump out bridges @ 2250 & 3570 & 30' fill on bottom, BJ cmt 1st stage w/500x 1t wt + ¼# Flocele + 5# gilsonite + 300x B + ¼# Flocele, lost returns @ start of cmt plug down @ 2 AM, circ thru DV tool @ 4099.

12/27/76 (35) 8172 WOC 4½ csg, circ thru DV tool @ 4099 1½ hrs w/90% returns, BJ cmt 2nd stage w/900x 1t wt + 5# gilsonite + ¼# Flocele tailed in w/100x B + ¼# Flocele, PD 10 AM circ cmt. WOC - 18 Hrs. Test casing to 3500# ok.



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

SIGNED CA Mills TITLE Authorized Agent DATE 2-15-77

(This space for Federal or State office use)

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

SV

*See Instructions on Reverse Side