

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-046
2. NAME OF OPERATOR Mobil Producing Texas & New Mexico, Inc., Mobil Exploration & Production U.S. Inc., Agent		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 312 N. 1st Street, Bloomfield, NM 87413		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 and 990' fel Section 8, T26N, R2W, N.M.P.M.		8. FARM OR LEASE NAME Cheney Federal B
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7141 GR		10. FIELD AND POOL, OR WILDCAT Gavilan Mancos/Basin Dakota
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NE NE Sec. 8, T26N, R2W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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"/>
CHANGE PLANS <input type="checkbox"/>		(Other) _____	

(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.)*

Mobil will move approximately 800 bbls. of fluid from drilling pit on this location to the drilling pit on Jicarilla D-16. Fluid sample will be taken and tested for heavy metal, etc. As soon as room is available the fluid will be returned to this location. This confirms a verbal request made to and approved by Barbara Amende of the Farmington BLM office on July 15, 1988.

RECEIVED
BLM MAIL ROOM
68 JUL 18 AM 11:32
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

RECEIVED
JUL 21 1988
OIL CON. DIV.
DIST. 3

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

SIGNED E. T. Barber

TITLE Production Foreman

DATE 7/15/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
JUL 19 1988
AREA MANAGER

*See Instructions on Reverse Side