5. LEASE

UNITED STATES

DEPARTMENT OF THE INTERIOR	09-000089
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	Jicarilla Contract #89 7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
reservoir. Use Form 9-331-C for Such proposition	Jicarilla E
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	6
Mobil Producing TX. & N.M. Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Blanco Mesaverde Gas 11. SEC., T., R., M., OR BLK. AND SURVEY OR
9 Greenway P1., Ste 2700, Houston, TX 77046 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1)	
below.)	Sec.13. T27N, R3W
AT SURFACE: 990' FNL & 990' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same as surface AT TOTAL DEPTH: Same as surface	Rio Arriba New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	7012 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	(arm)
TEST WATER SHUT-OFF U U FRACTURE TREAT	CEL FIVEN
SHOOT OR ACIDIZE	Krrriard
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9-338 and 1 0 1002
PULL OR ALTER CASING	change on Form 0-33 MAY 13 1982
CHANGE ZONES	OIL CON. COM.
ABANDON* (other) New Well	DIST. 3
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertired.)	directionally drined, Rive subsurface locations and
4-15-82 Smith Energy acidize Cliffhouse & Mencesg w/3000 gals 15% NEA + 100 RCNBS, 140 BPM, had fair ball action, ISDCP 80 ran JB thru perfs Smith Energy SWF performed gals of FR-2 slick wtr + 74,000 pad 1850 psi @ 75 BPM, TCP on frac 160 l5 min SICP vac, Job Compl @ 1 PM 4-1	BDCP 1000, TCP 900-1200, Air 00, 10 min SICP 500, Blud Jet rfs 5508-5765 down 5½ csg w/ 0# 20-40 sd, TCP on 20,000 gas 00-2200, Air 70 BPM ISDCP 900,
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED Authorized	Set @Ft Agent DATE 5-5-82
(This space for Federal or State	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE STATE OF THE PARTY OF THE