

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.
Navajo Contract No.
14-20-603-5019

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.)

<p>1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Mobil Oil Corporation</p> <p>3. ADDRESS OF OPERATOR 3 Greenway Plaza East, Suite 800, Houston, Texas 77046</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1050' FNL & 1845' FWL Sec. 9, T26N, R18W</p>	<p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Navajo</p> <p>9. WELL NO. 3</p> <p>10. FIELD AND POOL, OR WILDCAT Tocito Dome/Penn "D"</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T26N, R18W</p> <p>12. COUNTY OR PARISH San Juan</p> <p>13. STATE NM</p>
<p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) GN 5751</p>	

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

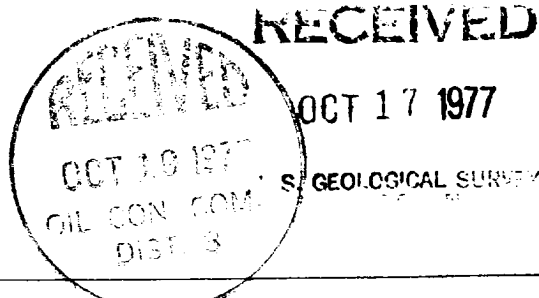
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	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>Log, run 5 1/2" csg</u> <input checked="" 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.)*

9/11 - 9/25/77: Drld to 6500', ran Dual LL GR-Sonic & FRL long scale sonic 1625-6504'.

9/26/77: Ran 156 Jts. 5 1/2 15.5# ^K 1655 set @ 6500', FC 6465'. Howco cmtd. w/275 sx B + 2% CaCl₂ + 7# salt. PD 9:30 pm 9/25/77. NU, WOC 6 hrs. Ran Temp. Survey. TOC @ 4335'. Released rig 4 am, 9/26/77.



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

SIGNED Virginia Howard TITLE Authorized Agent DATE 10/6/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
OCT 14 1977