9-331
1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

5. LEASE	14-20-603-5019

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

1. oil well [X]   gas well [ ]   other

8. FARM OR LEASE NAME
Navajo

2. NAME OF OPERATOR
Mobil Oil Corporation

9. WELL NO.
6

3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 2700, Hou., TX 77046

10. FIELD OR WILDCAT NAME
Tocito Dome-Penn D. Associated

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FEL & 660 FNL
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3, T26N, R18W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5624' GL

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[ ]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

(other) Spud & set 13-3/8 @ 115
8-5/8 @ 1557

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.)*

Spudded: 5AM 5/6/79, ran 3 jts., 13-3/8 48# K55 set @ 115, Howco cmt w/140
sx B + 2% CaCl2 PD 1 AM 5/7/79, cmt circ. ran 39 jts 8-5/8 24#
K55 set @ 1557, Howco cmt. w/600 sx PD 1 AM 5/10/79 cmt circ.
- Sidetracked hole @ 4505 5/20/79. TD 6900 11 AM 5/31/79. Prep to
log.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

JUN 12 1979
OIL CON. COM.
DIST. 3

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

SIGNED _Robbie Joug_   TITLE Authorized Agent   DATE 6/4/79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side