

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIPlicate*
(Other Instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1431

GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill, to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-060978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Box 633, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surfaceUnit letter N, 1980' from the West line and 660' from the
South line, Section 20, Township 8 S, Range 35 E, Roosevelt
County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

4213' GI

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jacobs Federal

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Milnesand San Andres

11. SEC., T., R., M., OR BECK, AND
SURVEY OR AREA

20-T8S-R35E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐(Other) Well Status ☒(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 and
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.) *

3/1/67

Temporary Abandoned
Held for workover

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

SIGNED

TITLE Authorized Agent

DATE February 20, 1967

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 23 1967

*See Instructions on Reverse Side

GORDON

ACTING DISTRICT ENGINEER

APPROVED BY