

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved  
District Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.

LC - 060978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mobil Oil Corporation (Formerly Socony Mobil Oil Company, Inc.)		8. FARM OR LEASE NAME Jacobs Federal	
3. ADDRESS OF OPERATOR Box 633, Midland, Texas		9. WELL NO. 13	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860' FNL and 660' FWL of Section 20, Unit "D"		10. FIELD AND POOL, OR WILDCAT Milnesand (San Andres)	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20 8S 35E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4210 GR		12. COUNTY OR PARISH Rocsevelt	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Squeeze - Cement	

(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.)\*

July 21, 1966. TD 4820, PBTD 4680 - San Andres Perfs (4599-4669) Install BOP - Loaded hole w/Fresh water. HOWCO pumped into San Andres Perfs. 4599-4669 5.5 BPM @ 1700#. HOWCO attempted to squeeze perfs. w/250 Sax TIN cement, washed by perfs w/7 Bbls. of water. Job complete @ 10:00 A.M., 7-21-1966. HOWCO attempted to squeeze perfs w/150 Sax TIN, Max. Press. 2800# - would not hold. Pump 7 Bbls. of water by perfs. Job complete 4:30 P.M. 7-21-1966. WOC post 13½ hours. Prepare to re-squeeze.

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

SIGNED

TITLE Authorized Agent

DATE 7-25-66

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 29 1966

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER