

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.)

1. oil ☒ well gas ☐ well other

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

9 Greenway Plaza, Suite 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790 FNL & 790 FWL

AT TOP PROD. INTERVAL: Same as surface

AT TOTAL DEPTH: Same as surface

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

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* ☐☐
☐
☐
☐
☐
☐
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☐

(other) Spud & Surface Casing

5. LEASE
Santa Fe 078914
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lindrith B Unit

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Chacon-Dakota Associated

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

Sec. 28, T24N, R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6943' GR

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

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.)*

11/14/79 - Cactus Drlg. Co. spud 5:30 PM.

11/15/79 - TD 17-1/2" hole @ 306' on 11/15/79. Ran 8 jts 13-3/8"

48# H40 ST&C csg. Dowell cmt. w/310 sx Class A + 2% CaCl2. Cmt circ 28 sx. WOC 12:15 AM, 11/16/79.

11/17/79 - NU, tested to 1000# - OK. Drlg. 11" hole.

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

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

SIGNED Robbie Jay TITLE Authorized Agent DATE 11-28-79

(This space for Federal or State office use)

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