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

	5. LEASE
	Santa Fe 080472
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
nt	0 FADW OD LEASE WAYS
	8. FARM OR LEASE NAME
	Jillson Federal
	9. WELL NO.
_	3
	10. FIELD OR WILDCAT NAME
	West Lindrith-Gallup-Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
7	AREA
	Sec. 7, T24N, R3W
	12. COUNTY OR PARISH 13. STATE

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differe reservoir. Use Form 9–331–C for such proposals.) 1. oil well other 2. NAME OF OPERATOR Mobil Producing TX. & N.M. Inc. 3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Ho., TX 77046 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1 below.) AT SURFACE: 1840 FNL & 850 FWL AT TOP PROD. INTERVAL: Same as surface Rio Arriba New Mexico AT TOTAL DEPTH: Same as surface 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6886' GR REQUEST FOR APPROVAL TO: SUBSEQUENT, REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) Temporary gas line

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.)*

Permission (in compliance with USGS regulations) is requested to lay temporary gas flowlines to the subject well until such time that permanent lines can be connected. The surface will not be disturbed. permission has been secured from the landowners. The temporary lines will be removed when permanent connection is made.

Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct May 28, 1980 TITLE Authorized Agent DATE _

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

DATE

ich End

*See Instructions on Reverse Side

APPROVED OICT OIL & GAS SUPERVISOR