## UNITED STATES

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	Santa Fe 078915
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
	Lindrith B Unit
Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil	9. WELL NO.
2. NAME OF OPERATOR	4
Mobil Producing TX & NM Inc.	10. FIELD OR WILDCAT NAME Chacon-Dakota Associated
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046	Chacon-Dakota Associated  11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 34, T24N, R3W
AT SURFACE: 1840 FNL & 1840 FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: Same as surface	Rio Arriba New Mexico
AT TOTAL DEPTH: Same as surface	14. API NO.
6. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SriOW DF, KDB, AND WD) 7037 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	/UJ / GK
EST WATER SHUT-OFF	ار علام الاستواني الله الله الله الله الله الله الله الل
RACTURE TREAT	
HOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone (1) change on Form 9-330.)
AULTIPLE COMPLETE	
CHANGE ZONES	
BANDON*	A STATE OF THE STA
other) Commingle production	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is discussed and true vertical depths for all markers and zones pertiner.  Mobil Producing TX & NM Inc. requests permissing gas production from the Lindrith B Unit #10 with from the Lindrith B Unit #4 through the tempor #4.	irectionally drilled, give subsurface locations and to this work.)*  on to commingle the casinghead the casinghead the casinghead gas production the casinghead the the casing
Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct  SIGNED TITLE Authorized Ag  (This space for Federal or State of	ent DATE 11-11-80
APPROVED BY	DATE
CONDITIONS OF APPROVAL, IF ANT:	1 1

\*See Instructions on Reverse Side