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

	5. LEASE
	Santa Fe 080472
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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	7. UNIT AGREEMENT NAME
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_	8. FARM OR LEASE NAME
	Jillson Federal
	9. WELL NO.
	4
	10. FIELD OR WILDCAT NAME
	West Lindrith Gallup-Dakota Oil
5	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	Sec. 8, T24N, R3W
	12. COUNTY OR PARISH 13. STATE
	Rio Arriba New Mexico
	14. API NO.
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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.) well X other 2. NAME OF OPERATOR Mobil Producing TX. & N.M. Inc. 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: 1845 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 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6901.5' GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE IOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Set surface csg. 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.)* 5-10-80 - Spud @ 6:30 AM. Ran 7 jts 13-3/8" csg (48# H40 ST&C) Set @ 300'. Cmt csg w/300x Class B + 2% CaCl2. PD @ 10:30 pm 5-10-80. Cmt circ. Nipple up BOP & test to 1000 psi/OK. In the future, request approved of change of plane for proson casing sine prior to running a different sine vacino from the one proposed on form 9-3310 MAY Subsurface Safety Valve: Manu. and Type ____ 18. I hereby certify that the foregoing is true and correct May 14, 1980 TITLE Authorized Agent DATE _ SIGNED (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY: ותרתחחות LOCEPTED FOR RECORD

*See Instructions on Reverse Side

MAY 22 1980

FARMING ION DISTRICT Luchera

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