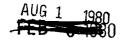
5. LEASE

## UNITED STATES

DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	Santa Fe 078915  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	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	Lindrith B Unit
well well other	9. WELL NO.
2. NAME OF OPERATOR	10
Mobil Producing TX. & N.M. Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Chacon-Dakota Assiciated
<ul><li>9 Greenway Plaza, Ste. 2700, Houston, TX 77046</li><li>4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17</li></ul>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	Sec. 34, T24N, R3W
AT SURFACE: 1810 FSL & 1810 FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: same as surface AT TOTAL DEPTH: same as surface	Rio Arriba New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 7074 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7074 01
TEST WATER SHUT-OFF	
FRACTURE TREAT	(NOTE: Report results of multiple completion or zone
SHOOT OR ACIDIZE	CEIVE
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	(NOTE: Report results of multiple completion or zone page on Form 9–330.)
CHANGE ZONES	CIIKAL.
ABANDON*	GEOLOGICAL SURVEY  ARMINGTON, N. M.
(other) Spud, set surface csg., $8-578$ " csg. $v \cdot \frac{s}{k}$	GEOLOGICAL SON
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly State including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and
7/15/80 - Spud @ 2 AM.	
7/16/80 - Ran 7 jts. 13-3/8" (48# H40 ST&C) c CaCl2. PD @ 6 PM. Cmt circ. NU B	
7/21/80 - Ran 91 jts. 8-5/8"(32 & 24# K-55 ST Lt. + 100x B +2% caC12. PD @ 10:45	
	1 / 200 / 300 / 10
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Relice Jack TITLE Authorized Ag	ent DATE July 23, 1980

ACCEPTED FOR RECORD



\*See Instructions on Reverse Side

(This space for Federal or State office use)

\_ DATE \_

