

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 Producing TX & NM 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: 1810 FSL & 1810 FEL
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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) Commingle production ☒

5. LEASE
Santa Fe 078915
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Lindrith B Unit
8. FARM OR LEASE NAME
9. WELL NO.
10
10. FIELD OR WILDCAT NAME
Chacon-Dakota Associated
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T24N, R3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7074 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.)*

Mobil Producing TX & NM Inc. requests permission to commingle the casinghead gas from the Lindrith B Unit #10 with the casinghead gas from the Lindrith B Unit #4 through the temporary flowline connected to the #4.

This is not commingling as long as from same pool - same lease.

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

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

SIGNED [Signature] TITLE Authorized Agent DATE 11-11-80
(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

James J. [Signature]