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

(other) Spud 171/2" hole, Set 13 3/8" Csg.

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

9–331 1973	Budget Bureau No. 42-R1424			
UNITED STATES	5. LEASE			
DEPARTMENT OF THE INTERIOR	Santa Fe 078914			
GEOLOGICAL SURVEY	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 Lindrith B Unit			
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME			
1. oil gas uell other	9. WELL NO.			
2. NAME OF OPERATOR	9			
Mobil Producing TX. & N.M. Inc.	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR9 Greenway Plaza, Suite 2700				
Houston, Texas 77046	11. SEC., T., R., M., OR BLK. AND SURVEY OR			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec 27, T24N R3W			
AT SURFACE: 940 FSL & 1850 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.			
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,				
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) GR 7131'			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	- Statement			
TEST WATER SHUT-OFF				
EDACTURE TREAT				

(NOTE: Report results of multiple completion or zon change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, 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.)*

9-15-80 MIRU Cactus Drlg Co. Rig #19, Spud 172" hole @ 9 PM

9-16-80 Drill to 283. Ran 7 jts 13 3/8 48# H40 ST&C csg to 283. Cmt csg with 375x Class B + 2% CaCl2 + $\frac{1}{4}$ # FC/x. PD @ 3PM 9/16/80. Cmt circ 35x. WOC 12 hrs, NU BOP & test to 800- OK.

Subsurface Safety Valve: M	lanu. and Type			Set @	Ft.
18. I hereby certify that the	e foregoing is t	true and correct			
SIGNED TO	en	TITLE Authorized Agent	DATE .	9-19-80	
		(This space for Federal or State office use)		
APPROVED BY		TITLE	DATE		

*See Instructions on Reverse Side