

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 ☒ gas ☐ other
well well2. NAME OF OPERATOR
Mobil Producing TX. & N.M. Inc.3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 2700, Houston, TX 770464. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1849 FNL & 1846 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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRAC TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Spud, set 13-3/8" csg.		

5. LEASE
Santa Fe 078914
6. IF INDIAN, ALLOTTEE OR TRIBE NAME7. UNIT AGREEMENT NAME
Lindrith B Unit

8. FARM OR LEASE NAME

9. WELL NO.
710. FIELD OR WILDCAT NAME
Chacon-Dakota Associated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 28, T24N, R3W

12. COUNTY OR PARISH
Rio Arriba13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6981 GR

(NOTE: Report results of multiple completion or 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.)*

10-6-80 - Spud 17-1/2" hole @ 11 PM.

10-7-80 - Ran 8 jts 13-3/8 48# H-40 ST&C csg to 308. Cmt csg @ 308 w/375x Class B + 2% CaCl2 + 1/2# celloflake/x. PD @ 9 AM. WOC 4 hrs, BOP & test csg to 1000/OK. Cont drlg.

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

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

SIGNED [Signature] TITLE Authorized Agent DATE October 9, 1980

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

FARMINGTON DISTRICT

BY [Signature]

*See Instructions on Reverse Side

NMOCC