

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 ☐  
well well other

2. NAME OF OPERATOR  
Mobil Producing TX. & N.M. Inc.

3. ADDRESS OF OPERATOR Nine Greenway Plaza,  
Suite 2700, Houston, Texas 77046

4. 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,  
REPO: 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\* ☐  
(other) Set 8-5/8 csg

SUBSEQUENT REPORT OF:

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5. LEASE  
Santa Fe 078914

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Lindrith B Unit

8. FARM OR LEASE NAME

9. WELL NO.  
7

10. FIELD OR WILDCAT NAME  
Chacon-Dakota Associated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 28, T24N, R3E

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

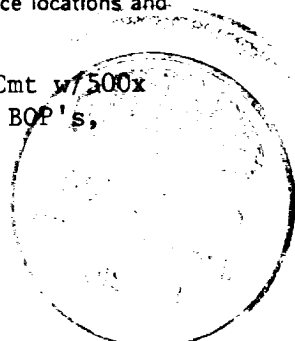
14. API NO.

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

(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.)\*

10-14-80 - Ran 35 jts 8-5/8 32# & 58 jts 24# K55 csg set @ 3900. Cmt w/500x  
Lt Wt + 100x C. PD @ 12:30 PM 10-14-80. Cmt circ. NU BOP's,  
tested to 1000 psi - OK. Cont drlg 7-7/8" hole.



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 16, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

100 9, 1000

MOCC

\*See Instructions on Reverse Side

BW