

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. & N.M. Inc.
3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 2700, Houston, 77046
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790 FNL + 790 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* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
Santa Fe 078913
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Lindrith B Unit
8. FARM OR LEASE NAME
9. WELL NO.
16
10. FIELD OR WILDCAT NAME
Chacon-Dakota Associated
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T24N B3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7147 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. & N.M. Inc. requests approval to run 13-3/8" 48#
H-40 ST&C in lieu of the 12-3/4" H-40 45.5l# as stated on the Application
for Permit to Drill dated 10-17-80.

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 December 9, 1980

(This space for Federal or State office use)

APPROVED BY DEC 11 1980 TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

APPROVED
[Signature]
DISTRICT ENGINEER

*See Instructions on Reverse Side

