

9-331
1973

Form Approved.
Budget Bureau No. 42-R1424

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

2. NAME OF OPERATOR

Mobil Producing TX. & N.M. Inc.

3. ADDRESS OF OPERATOR

9 Greenway Pl., Ste 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 811 FSL & 964 FWL

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 TREATMENT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
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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.

12

10. FIELD OR WILDCAT NAME

Chacon-Dakota Associated

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

Sec. 22, T24N, R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7092 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.)*

2-27-81 Perf Dakota 7430-38, 7510-22, 7526-30, 7534-46 w/1 JSP2F. Acidize w/2000 gal 2% KCl + 32 BS.

2-28-81 Frac perfs 7430-7546 w/37,5000 gal X-linked gel + 75,000# 20/40 sd. Perf w/1 JSP2F @ 7318-40.

3-3-81 Perf w/1 JSP2F @ 7372-80. Acidize w/5000 gal 2% KCl + 34 BS. Frac perfs 7318-7380 w/37,500 gal X-linked gel + 75,000# 20/40 sd.

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

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

SIGNED Joe Kreeg AUTHORIZED AGENT DATE 3-4-81

(This space for Federal or State office use)

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

NMCCG

ACCEPTED FOR RECORD

MAR 21 1981

FARMINGTON DISTRICT

BY 686

*See Instructions on Reverse Side