

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.)

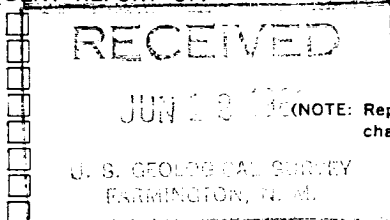
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Mobil Producing TX. & N.M. Inc.
3. ADDRESS OF OPERATOR
9 Greenway Pl., Ste 2700, Houston, TX 77046
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 860' FSL & 800' FWL
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

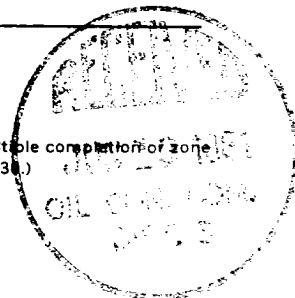
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ZONES ☐
ABANDON* ☐

Run csg

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.
21
10. FIELD OR WILDCAT NAME
Chacon-Dakota Associated
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15, T24N, R3W
12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
7052 GR



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.)*

6-2-81 TD 17 1/2" hole @ 4:45 AM. Ran 8 jts = 324' of 13-3/8" 48# H-40 ST&C csg. Dowell cmt csg on bottom @ 336 w/350 sxs Class B + 1/4" FC/sx + 2% CaCl, P.D. @ 10 AM cmt circ. test BOP & csg to 1500/OK.

6-6-81 TD 11" hole @ 8:45 AM. Ran 96 jts = 3912' 8-5/8 K-55, 8 Rt, ST&C bot up 35 jts - 1446 32#, 61 jts 2485' 24#.

6-7-81 Dowell cmt pipe on bottom w/930 sx "B" 6% gel, tail in w/150sx "B" w/2% CaCl, plug down @ 5:45 AM cmt not circ. Ran 1" pipe outside 8-5/8 csg to 150' cmt circ to surf w/50sx "B" neat. Job comp @ 8 AM. Tested BOP 1500 psi, held OK.

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

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

SIGNED R.L. Hoger TITLE Authorized Agent DATE 6-9-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

NMOCC

ACCEPTED FOR RECORD

JUN 17 1981

*See Instructions on Reverse Side

BY S. J. J.
FARMINGTON DISTRICT