SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

(other) Log; run casing

CONDITIONS OF APPROVAL, IF ANY:

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON\*

## 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 differen reservoir. Use Form 9–331–C for such proposals.)

	Budget Bureay No. 42-R1424
İ	5. LEASE
l	Santa Fe 078913
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-	
	7. UNIT AGREEMENT NAME
t	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 OF
,	AREA
	Sec. 15, T24N, R3W
	12. COUNTY OR PARISH 13. STATE
	Rio Arriba New Mexico
_	14. API NO.
,	

(NOTE: Report results of multiple

change on Form 9-330.

1. oil gas weli 🔣 well other 2. NAME OF OPERATOR Mobil Producing TX. & N.M. Inc. 3. ADDRESS OF OPERATOR 9 Greenway Pl., Suite 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 25 Same as surface Same as surface 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD: 7052 GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF RECEIVE FRACTURE TREAT

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.)\*

U. S. GEOLOGICAL SURVEY

FARMINGTON, N. M.

6-19-81 7750' TD, 7-7/8" hole 11:45 AM

- 6-20-81 Dresser Atlas ran comp Den & Comp N & GR from surf to 7730; IEL from 3902-7730, 7730 WLTD. Circ
- 6-21-81 Ran total 194 jts = 7749 of 10.50# K-55 ST&C csg. Dowell cmt csg on btm @ 7750, FC @ 7718, D.V. tool @ 6014. 1st stage: 500x B + 6% gel + 200x B neat, PD @ 8:40 AM. Open DV tool & circ  $3\frac{1}{2}$  hrs. cmt circ. cmt 2nd stage: w/650x B + 6% gel + 200x B Neat PD @ 1:45 PM. Cmt not circ. Wilson WL ran temp surv. TOC @ 200. Released cactus rig #19 @ 12 MN.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_\_ \_\_\_ Set @ \_\_\_ ... Ft. 18. I hereby certify that the foregoing is true and correct Authorized Agent DATE TITLE \_ (This space for Federal or State office use) DATE ACCEPTED FOR RECORD APPROVED BY TITLE

\*See Instructions on Reverse Side