

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 Prod. Texas & New Mexico, Inc.

3. ADDRESS OF OPERATOR

9 Greenway Plaza Suite 2700

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

AT SURFACE: 1810 FNL & 1650 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 078914

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lindrith B Unit

8. FARM OR LEASE NAME

9. WELL NO.

19

10. FIELD OR WILDCAT NAME

Chacon-Dakota Associated

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

Sec. 27, T24N, R3W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

14. API NO.

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

7117CB

(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 Texas & New Mexico, Inc., request permission to run 4 1/2" 10.5# K-55 casing in lieu of the 5 1/2", 15.5#, 17# casing as stated on the application for permit to drill dated 3-3-81.

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

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

SIGNED R. L. Hogen TITLE Authorized Agent DATE 5-10-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCG

*See Instructions on Reverse Side

1981
B. J. Hogen
for [signature]