

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, TX 770464. 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.
1910. FIELD OR WILDCAT NAME
Chacon-Dakota Associated11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T24N, R3W12. COUNTY OR PARISH 13. STATE
Rio Arriba New Mexico

14. API NO.

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

(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.)*

5-8-81 7694 TD @ 9:30 PM

5-9-81 Dresser Atlas ran IEL & comp Den w/GR from 600 to 7664 = WLTD

5-10-81 Ran 187 jts 4½ K55 10.50# ST&C csg = 7689. Dowell cmt csg on btm @ 7694 FC @ 7651. DV tool @ 6002, 1st stage w/400x B 65-35 POZ + 6% gel + ¼# FC/SV + 200x B neat. PD @ 12:30 PM. Open DV & circ 3½ hrs & cmt circ., 2nd stage w/200x B neat, PD & close DV tool @ 6 PM. Cut off 4½ csg & set slips. Temp survey shows TOC @ 600. Released Rig 4:45 AM 3-11-81.

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 5-14-81

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

BY Calhoun