

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

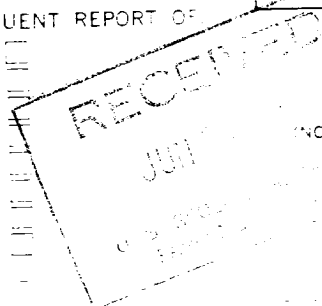
SUNDRY NOTICES AND REPORTS ON WELLS

(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: 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) Log; run tbgs.

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 OF AREA
Sec. 27, T24N, R3W
12. COUNTY OR PARISH
Rio Arriba
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WT)
7117 GR

(NOTE: Report results of multiple completions or changes on Form 9-331-C)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations of measured and true vertical depths for all markers and zones pertinent to this work.)

6-8-81 McCullough ran FEL. GIH w/239 jts 2-3/8 tbgs. bottom of BPMA @ 7477, tbgs perfs 7441-47, SN @ 7440, install head.

6-11-81 Rig down & release Farmington Well Serv Unit @ 10 AM. Turn to prod.

Subsurface Safety Valve: Manu. and Type

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

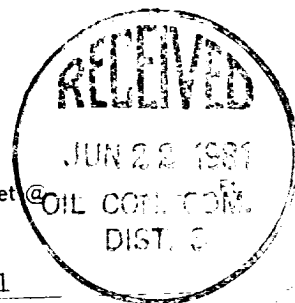
SIGNED R. L. Hogan TITLE Authorized Agent DATE 6-16-81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL IF ANY

TITLE

DATE



NMOCC

*See Instructions on Reverse Side

Dean Elliott