Form 3160-5 UNITED STA (November 1983) (Formerly 9-331) DEPARTMENT OF TH	HE INTERIOR verse side)	Form approved.  Budget Bureau No. 1004-0135  Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEMENT		SF-080472  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND R  (Do not use this form for proposals to drill or to d  "APPLICATION FOR PERMI	REPORIS ON WELLS  Reepen or plug back to a different reservoir.  IT—" for such proposals.)	7. UNIT AGREEMENT NAME
WELL WELL OTHER		S. PARM OR LEASE HAME
Mobil Producing TX & NM Inc.		Cullins-Federal
3. ADDRESS OF OPERATOR		9. WELL BO.
9 Greenway Plaza- Suite 2700-Ho  LOCATION OF WELL (Report location clearly and in accor  See also space 17 below.)  At surface	HECETVE D	10. FIELD AND POOL, OR WILDCAT West Lindrith-Gallup/Dakota
1084 FSL & 1046 FWL DEC 16 1985		Sec. 4, T-24N, R-3W
14. PERMIT NO. 15. ELEVATIONS (	Show wheth BEREAU OF LAND MANAGEMENT	12. COUNTY OR PARISE 18. STATE
6975'	ENDINATION DECOMPCE AREA	Rio Arriba NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		
		UBNT REPORT OF:
TEST WATER SEUT-OFF PULL OR ALTER CAR	SING WATER SEUT-OFF	BEPAIRING WELL
PRACTURE TREAT MULTIPLE COMPLET	PRACTURE TREATMENT  BROOTING OR ACIDIZING	ALTERING CASING
REPAIR WELL CHANGE PLANS	(Other)	Casing
(Other)	Completion or Recour	s of multiple completion on Weil pletion Report and Log form.)
17. DESCRIBE PROPUSED OR COMPLETED OPERATIONS (Clearly a proposed work. If well is directionally drilled, give nent to this work.) *	subsurface locations and measured and true vertice	al depths for all markers and gones perti-
11-4/26-85 Drlg.		
11-27-85 TD 8-3/4" hole, logged.		
11-28-85 Fin logging.		
	23# P110 LT&C csg w/10 centl, 1 Talc (1156 cf), circ 50x,30% ) circ 100x to surf, pump 100x	HWO, 2nd stage:
11-30-85 TD & rel Araphoe Rig	#2.	
	D	EGEIVEM
	n n	DEC 19 1985
		DIL CON. DIV
		DIST. 3
18. I hereby certify that the foregoing is true and correct		
SIGNED MAN CY KUND	TITLE Authorized Agent	DATE / C // · · · · · · · · · · · · · · · ·
(This space for Federal or State office use)		
CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

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