

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 77046

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

AT SURFACE: 940 FSL & 825 FWLAT TOP PROD. INTERVAL: Same as surfaceAT 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) Commingle production ☒

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.

8

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

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7052 GR

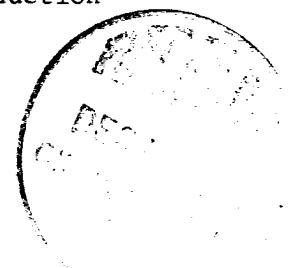
(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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 TX. & N.M. Inc. requests permission to commingle the casinghead gas production from the Lindrith B Unit #6&9 with the casinghead gas production from the Lindrith Unit #8.

RECEIVED

DEC

U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C.

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

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

SIGNED [Signature] TITLE Authorized Agent DATE 11-26-80

(This space for Federal or State office use)

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