

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 ☒ Gas ☐ 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: 1650' FNL & 800' FWL, Sec. 15, T24N, R3W
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) New Well ☐

SUBSEQUENT REPORT OF:

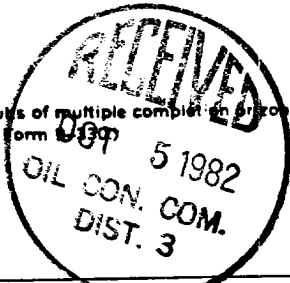
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

OCT 04 1982

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

NOTE: Report results of multiple completion or zone change on Form 9-331-C



5. LEASE
Santa Fe 078913

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Lindrith B Unit

8. FARM OR LEASE NAME

9. WELL NO.
22

10. FIELD OR WILDCAT NAME
Chacon Dakota Associated

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

Sec. 15, T24, R3W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
7016' (GR)

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.)*

9/28/82 Test csg to 1000/ok, ran bit to 7675 & tag cmt & DO to 7680 = PBTD, displ csg w/ 2% KCl wtr, Smith Energy Test csg to 3000/ok & spot 100 gal 7½% NEA 7680-7530, POH.

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

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 9/30/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE ACCEPTED FOR RECORD

OCT 1 1982