

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR Mobil Producing TX & NM Inc.	3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 760 FNL & 1730 FWL	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR - 6950
14. PERMIT NO.	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA			

5. LEASE DESIGNATION AND SERIAL NO. SF - 078914	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME Lindrith "B" Unit	8. FARM OR LEASE NAME	9. WELL NO. 45	10. FIELD AND POOL, OR WILDCAT West Lindrith-Gallup/Dakota	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28 T-24N, R-3W	12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico
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RECEIVED

MAR 10 1986

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(Note: Report results of multiple completion on Well Completion or Re-completion Report and Log form.)

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.)*

2-28-86 MIRU Dual Rig #5
3-1-86 SPUD & TD 12½" hole, RIH w/10 jts
9 5/8" 47# K55 csg w/4 centl, cmt
@ 420 w/400 x cl B (468 cf), ctrl 75 sx.
3-2-86 WOC 18 hrs. Test 1000#-OK,
Drlg new form.

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MAR 18 1986

OIL CON. DIV.
DIST. 3

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

SIGNED

Nancy Lewis

TITLE

Authorized Agent

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

MAR 17 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

[Signature]

*See Instructions on Reverse Side

NM000

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