

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 ☒ GAS WELL ☐ OTHER ☐

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 - 660 FNL & 2080 FWL

14. PERMIT NO. -

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR - 7020

5. LEASE DESIGNATION AND SERIAL NO.
SF - 078913

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Lindrith "B" Unit

8. FARM OR LEASE NAME

9. WELL NO.
31

10. FIELD AND POOL, OR WILDCAT
West Lindrith-Gallup/Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21 T-24N, R-3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

RECEIVED

JAN 28 1986

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Spud

(NOTE: Report results of multiple completion on Well Completion or Recompletion 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.) *

1-13-86 MIRU Coleman Rig #2, SPUD.

1-14-86 TD 17-1/2" hole, RIH w/10 jts 13-3/8" 48# ST&C csg w/4 centl, cmt @ 405 w/470x C1 B (550 cf), circ 125x, 40% HWO, WOC.

1-15-86 WOC 18 hrs, PT 1000# - 30 min - ok, drlg new form.

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

SIGNED

TITLE Authorized Agent

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC