

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Mobil Producing Tx. & N.M., Inc.

3. ADDRESS OF OPERATOR

P.O. Box 633 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

At surface 990' FNL; 990' FEL Sec. 8

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

2 miles NW of Lindrith, New Mexico

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drig. unit line, if any)

990' FNL

16. NO. OF ACRES IN LEASE

26,365.43 2370.92

17. NO. OF ACRES ASSIGNED
TO THIS WELL

N 320 Ac.

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

4015 +

19. PROPOSED DEPTH

7200'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

7206' GR

DRILLING OPERATIONS AUTHORIZED ARE

SUBJECT TO COMPLIANCE WITH ATTACHED

"GENERAL REQUIREMENTS"

22. APPROX. DATE WORK WILL START*

This action is subject to technical and
ASAP
procedural review pursuant to 43 CFR 3165.3
and appeal pursuant to 43 CFR 3165.4.
QUANTITY OF CEMENT

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	
12 1/2	7 7/8 8-5/8	22.3 24#	0-400'	(1) 472 Cu.Ft. Circ. to Surface
7-7/8	5 1/2	15.5#	0-7200	(2) 2904 Cu. Ft. Circ. to Surface

CEMENT PROGRAM See attached Summary for Cement Program Revision

MUD PROGRAM

DEPTH	TYPE	WEIGHT	VISCOSITY	WATER LOSS
0-400'	FW-Spud	8.8-9.2	40-50	N/C
400-TD'	FW-Gel	8.8-9.2	38-42	6-8

(1) Class B + 2% CaCl2
(2) 2550 Cu. Ft. TLW + 5#/Sk. Hiseal +
300 scf/bbl Nitrogen(9.3ppg);
and 354 Cu. Ft. Class B

LOGGING PROGRAM

DIL/SP/GR - 3300' to TD
BHC/SONIC/CAL/GR - 3300' to TD
FDC/CNL/CAL/GR - 3300' to TD
MEST - Log~800', Process 300' to 800'
Proximity Microlog/GR- Log~1400' Spanning Pay Interval

BLOWOUT PREVENTER PROGRAM

See Attached Program

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OIL CON. DIV.
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED M.E. Sweeney M.E. Sweeney TITLE Env. & Reg. Manager

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

9-24-86
APPROVED
AS AMENDED

OCT 30 1986

/s/ J. Stan McKee

FOR AREA MANAGER

NMOCC

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

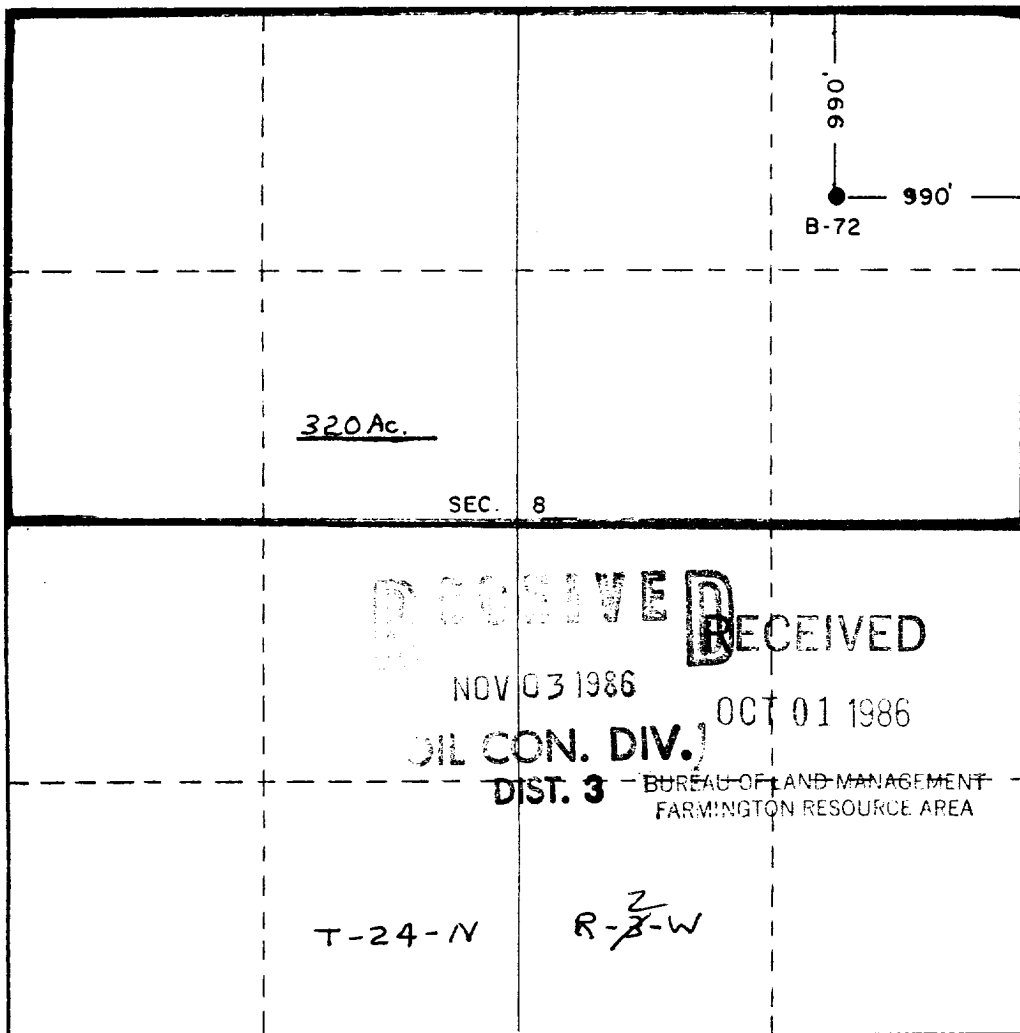
Operator MOBIL PRODUCING TX. & NM		Lease <i>Lindwith B</i>		Well No. 72
Unit Letter A	Section 8	Township T. 24N.	Range R. 2W.	County RIO ARriba
Actual Footage Location of Well:				
990 feet from the NORTH line and		990 feet from the EAST line		
Ground Level Elev. 7206	Producing Formation Gallup	Pool Clavlan Extension Undesignated	Dedicated Acreage: 320 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Unitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

M.E. Sweeney
Name
M.E. Sweeney

Position
ENV. & REG. MANAGER
Company

Mobil Producing Tx. & N.M., Inc.

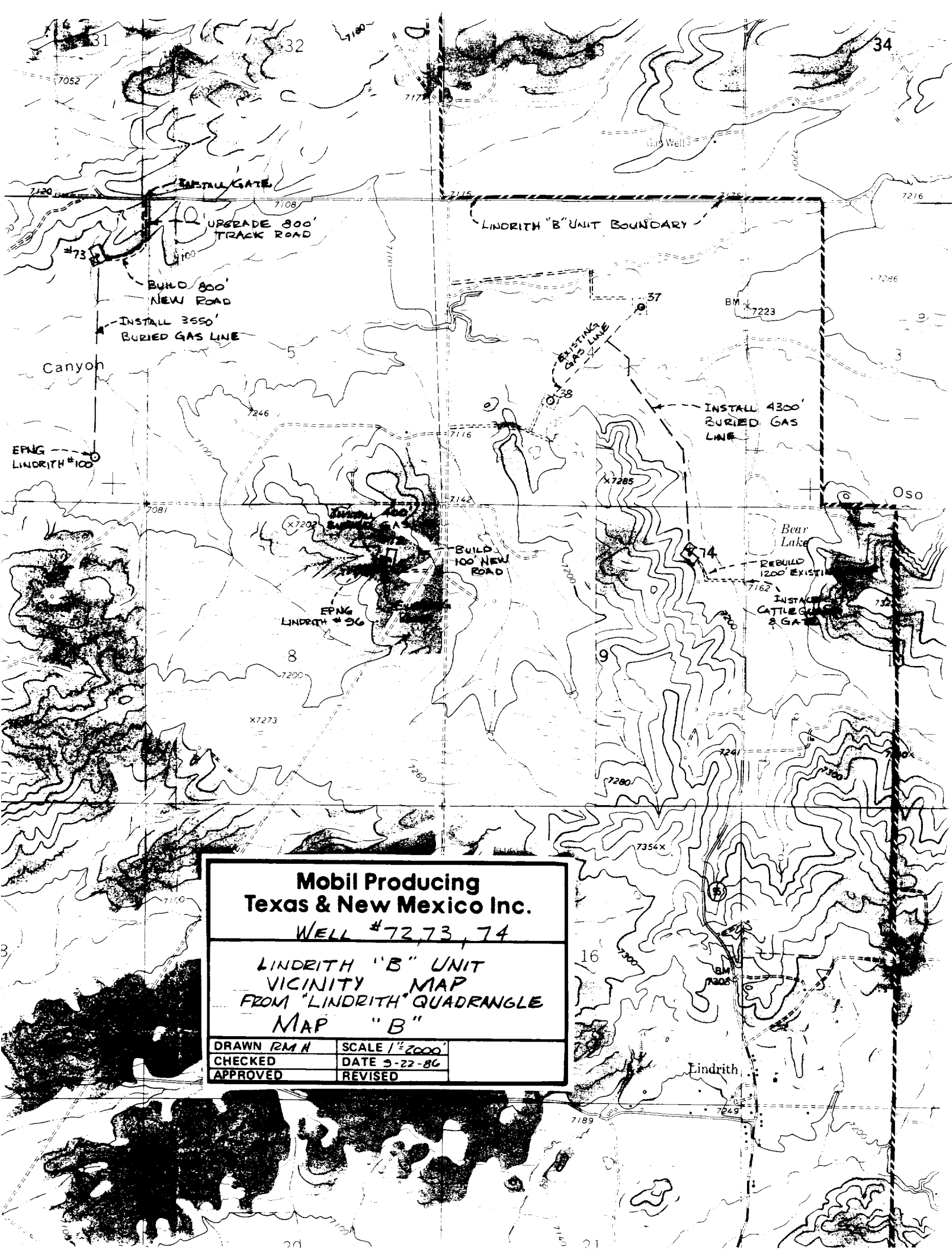
Date
September 29, 1986

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
SEPT. 9, 1986

Registered Professional Engineer
and/or Land Surveyor
6256

Certificate No. **6256**



**Mobil Producing
Texas & New Mexico Inc.**

WELL #72, 73, 74

**LINDRITH "B" UNIT
VICINITY MAP
FROM "LINDRITH" QUADRANGLE
MAP "B"**

DRAWN RMH	SCALE 1"=2000'
CHECKED	DATE 5-22-86
APPROVED	REVISED

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN ~~REVERSE~~ SIDE
(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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF 078908
2. NAME OF OPERATOR Mobil Producing Texas & N.M., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 633 Midland, Texas 79702		7. UNIT AGREEMENT NAME Lindrith B Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FNL; 990 FEL Sec. 8		8. FARM OR LEASE NAME
14. PERMIT NO. N/A		9. WELL NO. 72
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7206' GR		10. FIELD AND POOL, OR WILDCAT Cavilan Extension Undesignated Gallup
		11. SEC., T., R., M., OR B.L. AND SUBV. OR AREA Sec. 8 T024-N, R-2-W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

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FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FILL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

(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.) *

The casing program for the subject well will be as follows:

Size Hole	Size of Casing	Weight	Setting Depth	Quantity of Cement
12 1/2	9-5/8	32.3 ✓	0-400'	(1) 385 Cu.Ft. Circ. to surface ✓
7-7/8	5 1/2	15.5 ✓	0-7200'	(2)a. 893 Cu.Ft. Circ. to 4900' ✓ where DV tool is set b. 2405 Cu.Ft. Circ. from DV tool to surface ✓

The cement program for the subject well will be as follows:

(1) Surface Casing

Class B + 2% CaCl₂

(2) Long String

- a. Lead - 65/35 Pozmix + 6% gel + 5#/sk. Hi-Seal
Tail - Class B + 5#/Sk. Hi-Seal + 0.2% WR-15 (Retarder)
- B. Lead - 65/35 Pozmix + 6% gel
Tail - Class B + 5#/sk Hi-Seal

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OIL CON. DIV.
DIST. 3

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

SIGNED M.E. Sweeney M.E. Sweeney TITLE Env. & Reg. Mgr.

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE OCT 24 1986

Sup. M. Sweeney
for AREA MANAGER

*See Instructions on Reverse Side