

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, Ste. 2700, Hou., TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1840 FNL & 850 FWL Sec. 7, T24N, R3W
AT TOP PROD. INTERVAL: same as surface
AT TOTAL DEPTH: same as surface

5. LEASE
Santa Fe 080472

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Jillson Federal

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
West Lindrith Gallup-Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T24N, R3W

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6886' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other) Spud & surface csg.			

(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.)*

2/28/80 - Spud @ 4 PM

2/29/80 - Ran 8 jts=347' of 13-3/8" H40 48# ST&C csg. BJ cmt csg. + 1/4# FC/s. PD @ 7 AM. Tested csg. + BOP to 1000/OK. Drlg. form @ 8 PM.

ACCEPTED FOR RECORD

MAR 11 1980

3/14 requested casing pt and amount of cement

District

BY: CHS

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Robbie Jay TITLE Authorized Agent DATE March 11, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

