Form Approved. Budget Bureau No. 42-R1424

5. LEASE

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Santa Fe 078913 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different eservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME Lindrith B Unit 8. FARM OR LEASE NAME
1. oil gas other 2. NAME OF OPERATOR	9. WELL NO. 17
Mobil Producing TX. & N.M. Inc. 3. ADDRESS OF OPERATOR 9 Greenway Pl., Suite 2700, Houston, TX 77046	10. FIELD OR WILDCAT NAME Chacon-Dakota Associated 11. SEC., T., R., M., OR BLK, AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990 FSL & 1840 FEL AT TOP PROD. INTERVAL: Same as surface	AREA Sec. 16, T24N, R3W 12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico
Same as surface 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15 ELEVATIONS (SHOW DF, KDB, AND WD) 2035 GR
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertiner 5-22-81 Cactus Drlg Co Rig #19 spud 17½ hole @	(NOTE Report results of multiple/dompletion or zone change on Form \$4.330.) The all pertinent details, and give pertinent dates. Sirectionally drilled, give subsurface locations and not to this work.)* 8 PM. 342 TD 17½ hole @ 1:15 AM (6-23-81)
5-23-81 1038 Drg 11" hole. Ran 8 jts = 327' of Dowell cmt csg on btm @ 342 w/350sx B + 5-27-81 3900 TD 11" hole @ 3:45 5-28-81 Ran 8-5/8 csg, total 97 jts, 3905, 32 j 24#, K-55 ST&C 2335, Dowell cmt on btm gel. Tail in 150x "B" 2% Chcl. PD @ 11 pipe to 120' between 8-5/8 & 13-3/8. C Job comp @ 11:30 AM. WOC 8 hrs. Wilson	ts 32#, K-55, ST&C 1370, 65 jts 3900, FC @ 3859 w/950x "B" + 6% AM. Cmt not circ. Ran 1" mt to surf w/40 sx "B" Neat. Serv ran temp sur. TOC @ 750.
Cut off, NU csg. Test BOP 1500/held OK Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Authorized Ag	ent date
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	
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