

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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  
1650 FNL & 1730 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether Dr. or C. or S.)  
GR - 7120

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.  
34

10. FIELD AND POOL, OR WILDCAT  
Gavilan Mancos-Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 32 T-24N, R-2W

12. COUNTY OR PARISH  
Rio Arriba

13. STATE  
New Mexico

RECEIVED

NOV 18 1985

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) Casing	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<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.)\*

11-2/9-85 Drlg.

11-10-85 TD 8-3/4" hole

11-11-85 Logging

11-12-85 RIH w/179 jts 5 1/2" 23# P110 LT&C csg w/12 centl, cmt @ 7100 w/350 x 1-1 Talc (438 cf) + 1700 x Lite (3077 cf), did not circ cmt - lost returns w/60 bbl, 34% H2O, Rel Coleman Drlg Co. Rig #2.

NOV 20 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED

*Nancy Lewis*

TITLE

Authorized Agent

DATE 11-15-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC