

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN _____
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED MAR 07 1986 BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	5. LEASE DESIGNATION AND SERIAL NO. Santa Fe 078907
2. NAME OF OPERATOR Mobil Producing Tx & N.M., Inc			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 633 Midland, Tx. 79702			7. UNIT AGREEMENT NAME Lindrieth "B" Unit
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, Sec 32, T-25-N, R-2-W			8. FARM OR LEASE NAME
14. PERMIT NO. N/A		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7120 GR	9. WELL NO. 34
			10. FIELD AND POOL, OR WILDCAT Gavilan Mancos Field
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T-25-N, R-2-W
			12. COUNTY OR PARISH 13. STATE Rio Aribba N.M.

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Correction top of cement <input checked="" 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 top of cement was erroneously reported as 5744' on the completion papers filed on the subject well. The top of cement in fact was 3310' as determined by temperature survey. Please read attached letter for further information.

RECEIVED
MAR 13 1986
OIL CON. DIV.
DIST. 3

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

SIGNED C. A. Moore for G.E. Tate TITLE Env. & Reg. Manager ACCEPTED FOR RECORD 6-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAR 11 1986

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA
BY Jm