

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(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.)

RECEIVED

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	NOV 18 1985	5. LEASE DESIGNATION AND SERIAL NO. SF-078913
2. NAME OF OPERATOR Mobil Producing TX & NM Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 9 Greenway Plaza - Suite 2700 - Houston, TX 77046	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	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 1850 FNL & FEL		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) GR-7120	9. WELL NO. 37
		10. FIELD AND POOL, OR WILDCAT West Lindrith-Gallup/Dakot
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-24N, R-3W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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) <input type="checkbox"/>	Casing <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.)\*

10-11/11-4/85 Drlg.

11-5-85 TD 8-3/4" hole, RIH w/174 jts 15.5# 5-1/2 K55 ST&C csgw/12 centl, cmt on btm @ 6831' w/405x 1-1 TALC (506 cf), circ full returns.

11-6-86 Cmt 2nd stage w/2000x TXT lite (3620 cf), not circ, 30% EHE. Rel rig.

RECEIVED

NOV 20 1985

OIL CON. DIV.  
DIST. 3

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

SIGNED

*Nancy Lewis*

TITLE

DATE

11-12-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCCL