

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"/>		DEC 16 1985	
2. NAME OF OPERATOR Mobil Producing TX & NM Inc.		BUREAU OF LAND MANAGEMENT	
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046		FARMINGTON RESOURCE AREA	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1105 FNL & 660 FEL		5. LEASE DESIGNATION AND SERIAL NO. SF - 078913	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR - 6920	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME Lindrith "B" Unit	
8. FARM OR LEASE NAME		9. WELL NO. 41	
10. FIELD AND POOL, OR WILDCAT West Lindrith-Gallup/Dakota		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 16 T-24N, R-3W	
12. COUNTY OR PARISH Rio Arriba		13. STATE New Mexico	

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"/>	PCLL 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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	Spud <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.)

12-1-85 MIRU Araphoe #2, SPUD & TD 12-1/4" hole, RIH w/10 jts 9-5/8" 47# ST&C
csg w/4 centl, cmt on btm @ 422 w/400x Cl B (468 cf), circ 60x, 15%
HWO, WOC.

12-2-85 WOC 18 hrs, test csg 1200#/ 1/2 hr/ok, drlg new form.

12-3-85 Drlg.

RECEIVED
DEC 19 1985
OIL CON. DIV.
DIST. 3

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

SIGNED Nancy Lewis

TITLE Authorized Agent

DATE 12-11-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

