

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 RECEIVED

(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"/>		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		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 1980 FSL & 1980 FUL		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 29	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR - 7020		10. FIELD AND POOL, OR WILDCAT West Lindrith-Gallup/Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14 T-24N, R-3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE New Mexico	

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

(Note: Report results of multiple completion on Well Completion or Re-completion 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.) \*

12-27-85 MIRU

12-28-85 Spud

12-29-85 Drlg 12½" hole, TD

12-30-85 RIHW/10 jts 9 5/8 47# S-95 8rd w/4 centl, cmt on btm @ 429 w/400x C1B (468 cft), CIRC 150x, 0% MWO, WOC

12-31-85 WOC 18 hrs, PTCSG 1000# 1½ hr/OK.

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

SIGNED <u>Nancy Lewis</u>	TITLE <u>Authorized Agent</u>	DATE <u>1-9-86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side  
NMOCC