

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒

GAS
WELL ☐

OTHER

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Mobil Producing Tx. & N.M., Inc.

3. ADDRESS OF OPERATOR

P.O. Box 633 Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

990' FNL; 900' FEL Sec. 6

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

2 miles NW of Lindrith, New Mexico

BUREAU OF LAND MANAGEMENT

FARMINGTON RESOURCE AREA

13. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

900' FEL

16. NO. OF ACRES IN LEASE

26,365.43 2316.51

17. NO. OF ACRES ASSIGNED

TO THIS WELL
322.57 320 Ac.

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

8390 +

19. PROPOSED DEPTH

7200'

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

7091' GR

DRILLING OPERATIONS AUTHORIZED ARE

23.

SUBJECT TO COMPLIANCE WITH ATTACHED
PROPOSED CASING AND CEMENTING PROGRAM
GENERAL REQUIREMENTS

22. APPROX. DATE WORK WILL START*

ASAP

This action is subject to technical and
procedural review pursuant to 43 CFR 3100.6
and appeal procedures, if any.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12 1/2	8 5/8	24#	0-400'
7-7/8	5 1/2	15.5#	0-7200'

- (1) 472 Cu.Ft. Circ. to Surface
(2) 2904 Cu. Ft. Circ. to Surface

CEMENT PROGRAM

- (1) Class B + 2% CaCl₂
(2) 2550 Cu. Ft. TLW + 5#/Sk. Hiseal +
300 scf/bbl Nitrogen(9.3ppg);
and 354 Cu. Ft. Class B

MUD PROGRAM

DEPTH	TYPE	WEIGHT	VISCOSITY	WATER LOSS
0-400'	FW-Spud	8.8-9.2	40-50	N/C
400-TD'	FW-Gel	8.8-9.2	38-42	6-8

LOGGING PROGRAM

- DIL/SP/GR - 3300' to TD
BHC/SONIC/CAL/GR - 3300' to TD
FDC/CNL/CAL/GR - 3300' to TD
MEST - Log~800', Process 300' to 800'
Proximity Microlog/GR- Log~1400' Spanning Pay Interval

BLOWOUT PREVENTER PROGRAM

See Attached Program

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24.

SIGNED M.E. Sweeney M.E. Sweeney TITLE Env. & Reg. Manager

DATE 9-24-86

(This space for Federal or State office use)

PERMIT NO. _____

APPROVAL DATE _____

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NH0066

/s/ J. Stan McKee

FOR AREA MANAGER

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-66

All distances must be from the outer boundaries of the Section.

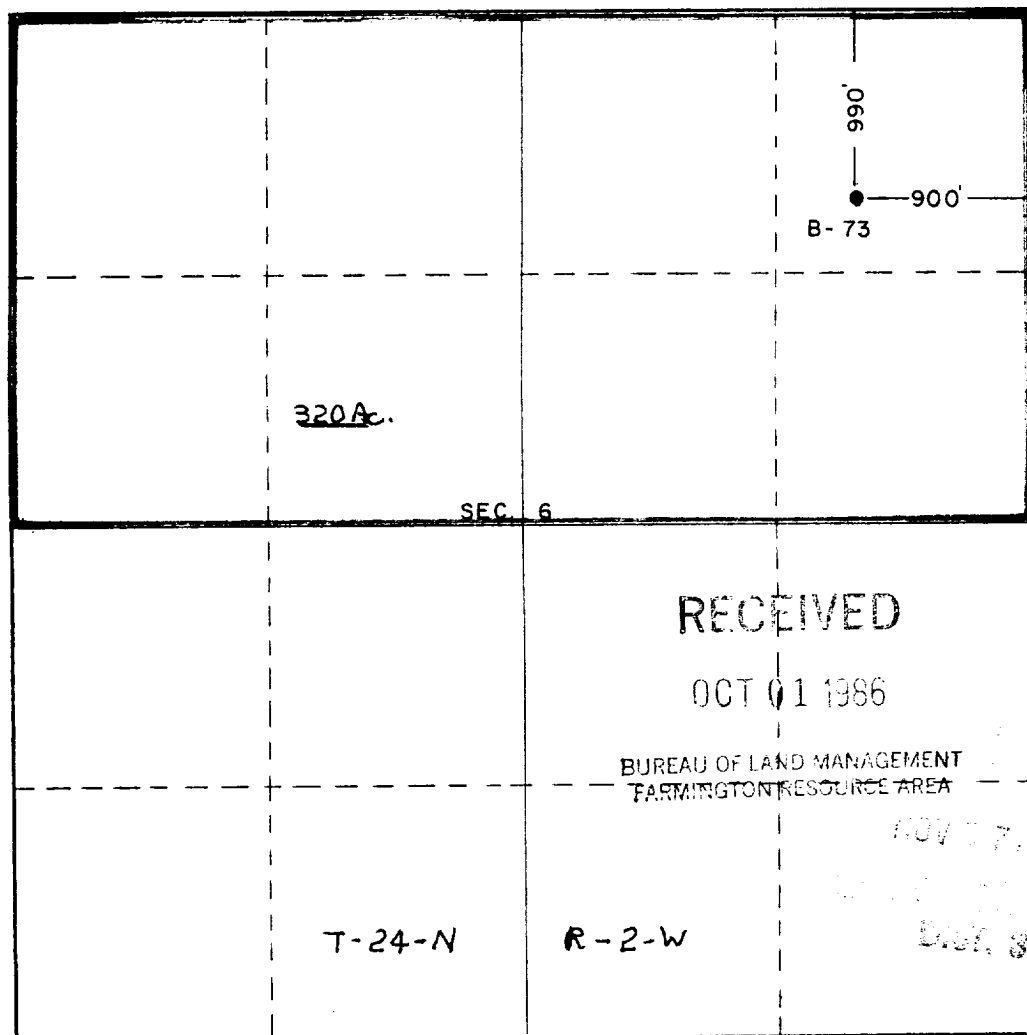
Operator MOBIL PRODUCING TX. & NM			Lease <i>Lindrih B</i>		Well No. B-73
Unit Letter A	Section 6	Township T.24N.	Range R.2W.	County RIO ARriba	
Actual Footage Location of Well: 990 feet from the NORTH line and 900 feet from the EAST line					
Ground Level Elev. 7091	Producing Formation Gallup		Pool Chavilan Extension Undesignated		Dedicated Acreage: 322.57320 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Unitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

M.E. Sweeney
Name

M.E. Sweeney

Position

ENV. & REG. MANAGER

Company

Mobil Producing Tx. & N.M., Inc.

Date

September 29, 1986

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

SEPT. 9, 1986

Registered Professional Engineer and/or Land Surveyor 5250

Certificate No.

6256

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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 078907
2. NAME OF OPERATOR Mobil Producing Texas & N.M., Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 633 Midland, Texas 79702		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 990' FNL; 900' FEL Sec. 6		8. FARM OR LEASE NAME
14. PERMIT NO. N/A		9. WELL NO. 73
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7091' GR		10. FIELD AND POOL, OR WILDCAT Gavilan Extension Undesignated (Gallup)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-24-N, R-2-W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE 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 checked="" type="checkbox"/>	(Other) <input 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 casing program for the subject well will be as follows:

Size Hole	Size of Casing	Weight	Setting Depth	Quantity of Cement
12 1/2	9-5/8	32.3	0-400'	(1) 385 Cu.Ft. Circ. to surface
7-7/8	5 1/2	15.5	0-7200'	(2) a. 893 Cu.Ft. Circ. to 4900' where DV tool is set b. 2405 Cu.Ft. Circ. from DV tool to surface

The cement program for the subject well will be as follows:

(1) Surface Casing

Class B + 2% CaCl₂

(2) Long String

a. Lead - 65/35 Pozmix + 6% gel + 5#/sk. Hi-Seal
Tail - Class B + 5#/Sk. Hi-Seal + 0.2% WR-15 (Retarder)

B. Lead - 65/35 Pozmix + 6% gel
Tail - Class B + 5#/sk Hi-Seal

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

SIGNED M.E. Sweeney M.E. Sweeney TITLE Env. & Reg. Mgr.

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

OCT 24 1986

FOR AREA MANAGER

*See Instructions on Reverse Side

NMOCC