

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

800' FNL; 985' FEL, SEC. 9

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

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drig. unit line, if any)

2440.35' FNEL

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,

OR APPLIED FOR, ON THIS LEASE, FT.

3599'

16. NO. OF ACRES IN LEASE

26,365.43 2370.92

17. NO. OF ACRES ASSIGNED

TO THIS WELL

6/220

19. PROPOSED DEPTH

7200'

20. ROTARY OR CABLE TOOLS

Rotary

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

7168 GR

DRILLING OPERATIONS AUTHORIZED ARE

SUBJECT TO COMPLIANCE WITH ATTACHED

"GENERAL REQUIREMENTS"

22. APPROX. DATE WORK WILL START*

ASAP

23.

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2	9 5/8 8.58	32.3 24	0-400'	(1) 472 Cu.Ft. Circ. to Surface
7-7/8	5 1/2	15.5#	0-7200	(2) 2904 Cu. Ft. Circ. to Surface

CEMENT PROGRAM

(1) Class B + 2% CaCl2

(2) 2550 Cu. Ft. FW + 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

NOV 05 1986

CONDITIONS OF APPROVAL, IF ANY:

NM000

/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 1-1-65

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

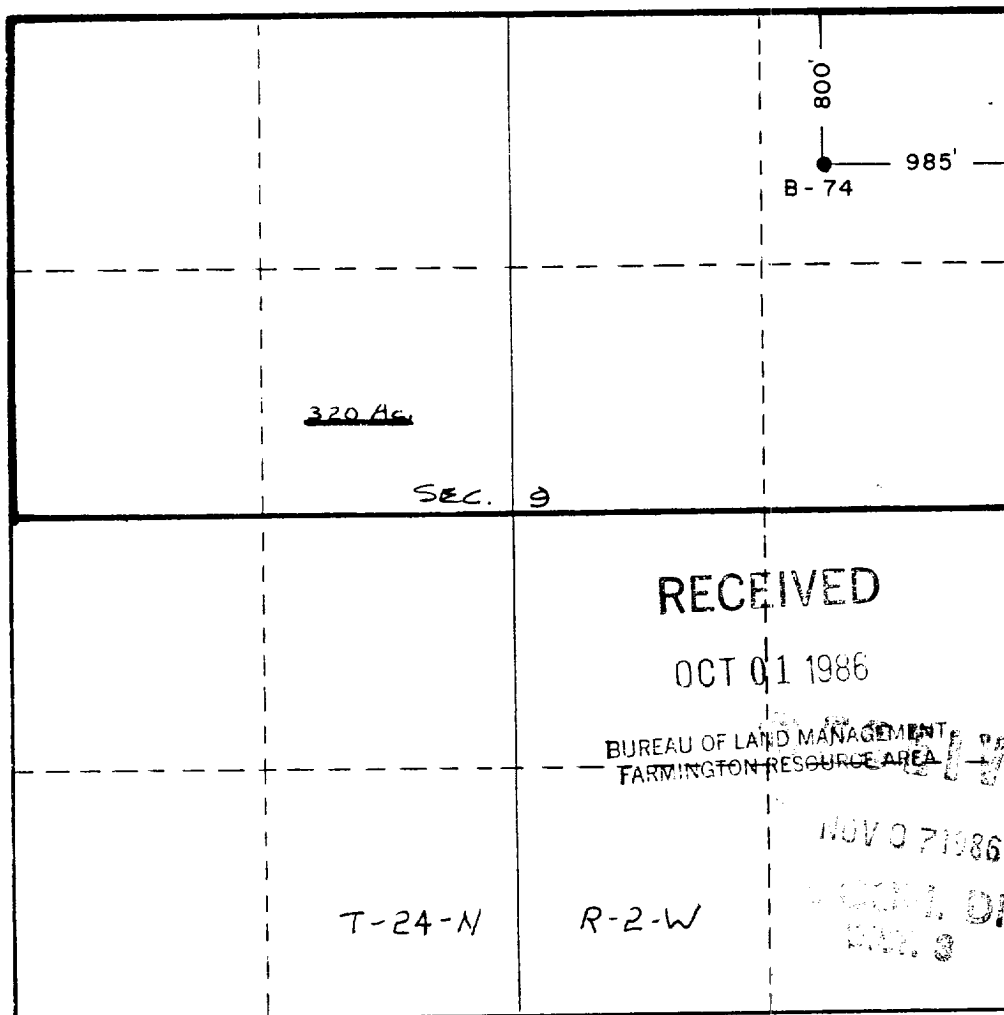
Operator MOBIL PRODUCING TX. & NM		Lease <i>Lindrith B</i>		Well No. 74
Section A	Section 9	Township T. 24N.	Range R. 2W.	County RIO ARriba
Approximate Location of Well: 800 feet from the NORTH line and 985 feet from the EAST line				
Sound Level Elev. 7168	Producing Formation Gallup	Pool Gallivan Extension Undesignated	Dedicated Acreage: 320 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 & NM

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. 22, 1986

Registered Professional Engineer and/or Land Surveyor

[Signature]
Certificate No. **6258**

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**BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA**

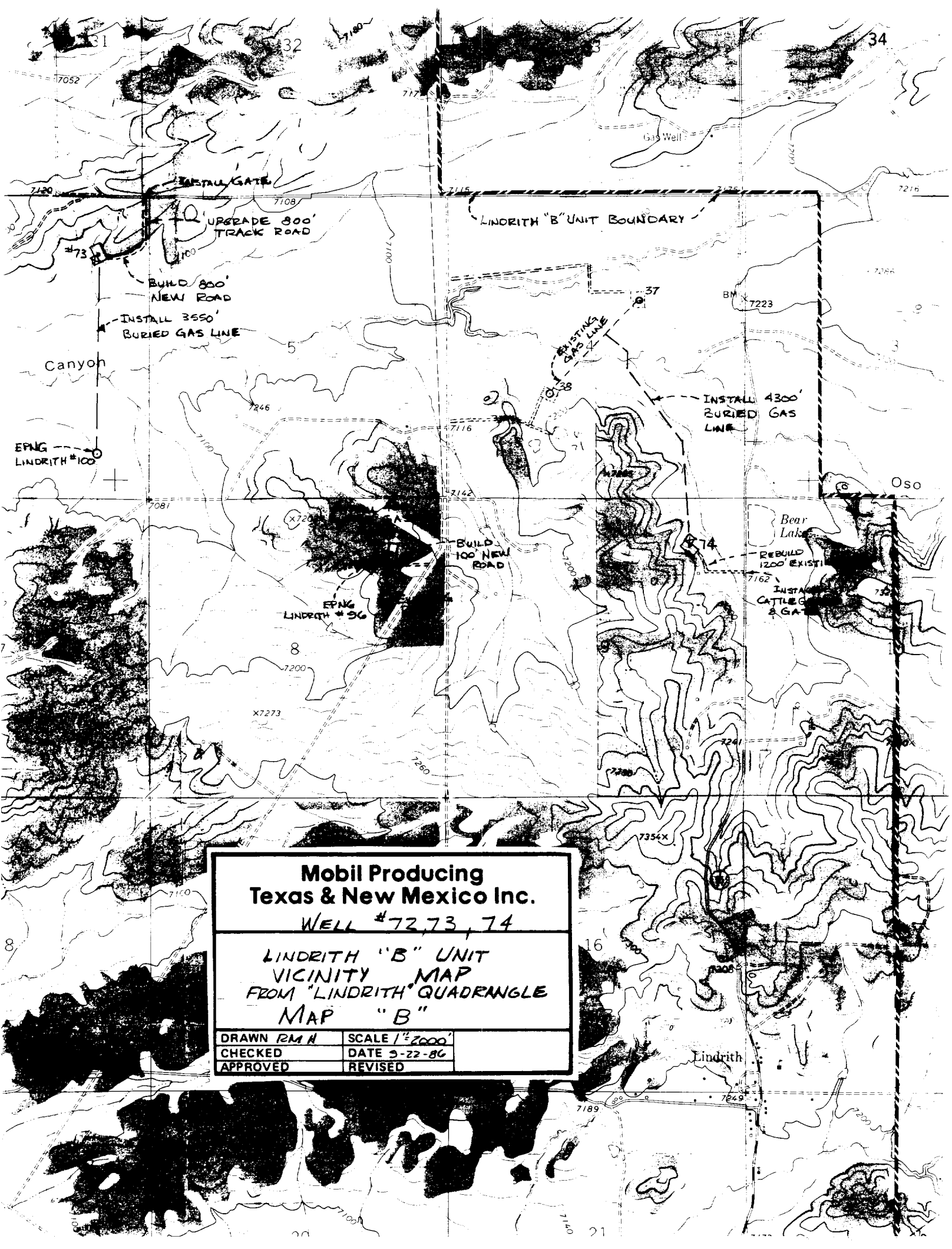
NOV 07 1986

REG. DIV.

T-24-N

R-2-W

0 330 660 990 1320 1650 1980 2310 2640 2970 3300 3630 3960 4290 4620 4950 5280 5610 5940 6270 6600



**Mobil Producing
Texas & New Mexico Inc.**

WELL #72,73,74

LINDRITH "B" UNIT
VICINITY MAP
FROM "LINDRITH" QUADRANGLE
MAP "B"

DRAWN RMH	SCALE 1"=2000'
CHECKED	DATE 5-22-86
APPROVED	REVISED

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"/>		7. UNIT AGREEMENT NAME Lindrith B Unit
2. NAME OF OPERATOR Mobil Producing Texas & N.M., Inc.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 633 Midland, Texas 79702		9. WELL NO. 74
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 800' FNL; 985' FEL, Sec. 9		10. FIELD AND POOL, OR WILDCAT Undesignated Callup
14. PERMIT NO. N/A		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9, T-24-N, R-2-W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7168' GR		12. COUNTY OR PARISH Rio Arriba
		13. STATE N.M.

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FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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 $\frac{1}{2}$	9-5/8	32.3	0-400'	(1) 385 Cu.Ft. Circ. to surface
7-7/8	5 $\frac{1}{2}$	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