

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

## 2. NAME OF OPERATOR

Mobil Producing TX. &amp; N.M. Inc.

## 3. ADDRESS OF OPERATOR

9 Greenway Plaza, Suite 2700, Houston, TX 77046

## 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1840 FNL &amp; 850 FWL

AT TOP PROD. INTERVAL: Same as above

AT TOTAL DEPTH: Same as above

## 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐(other) Permission to flare gas ☐

## SUBSEQUENT REPORT OF:

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

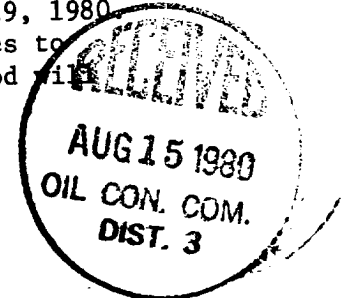
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AUG 8 1980

## 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.)\*

Mobil Producing TX. & N.M. Inc. wishes to obtain an extension to flare the produced gas on the subject well for 120 days or until November 29, 1980. We are in the process of obtaining approval to lay gathering lines to existing sales facilities and anticipate the specified time period will be required to obtain the permit and lay the lines.

*Denial 8/13/80*  
*James F. Lewis*



Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Robert J. Gray TITLE Authorized Agent DATE August 1, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC