

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals for additional or deeper completions 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 |
| 2. NAME OF OPERATOR Mobil Oil Corporation | | 8. FARM OR LEASE NAME Denton North Wolfcamp Unit Tract 1 |
| 3. ADDRESS OF OPERATOR P.O. Box 633, Midland, Texas | | 9. WELL NO. 2 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter P, 330' from the East line and 330' from the South line, Section 34, Township 14S, Range 37E, Lea County, N.M. | | 10. FIELD AND POOL, OR WILDCAT Denton Wolfcamp |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3822 DF | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-14S-37E |
| | | 12. COUNTY OR PARISH Lea |
| | | 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 PLANS <input type="checkbox"/> | (Other) <u>Well Status</u> <input checked="" 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.)*

3/1/67 Temporary Abandoned - Held for Secondary Recovery

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

SIGNED J. A. Payne TITLE Authorized Agent DATE February 20, 1967

(This space for Federal or State office use) **APPROVED**

APPROVED BY _____ TITLE _____ DATE FEB 23 1967

J. L. GORDON
*See Instructions on Reverse **ASST. DISTRICT ENGINEER**

APPROVED BY J. L. Gordon