

c/SF

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. & N.M. Inc. ✓

3. ADDRESS OF OPERATOR
Nine Greenway Plaza,
Suite 2700, Houston, Texas 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980'FSL & 1980'FEL
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface *

5. LEASE
LC-067610

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
W. Henshaw Premier Unit Tr. 4

8. FARM OR LEASE NAME

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Henshaw Grayburg, West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T16S, R30E

12. COUNTY OR PARISH | 13. STATE
Eddy | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3352' GL

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) Temporary Abandonment

SUBSEQUENT REPORT OF:

RECEIVED BY
NOV 14 1983
O. C. D.
ARTESIA, OFFICE

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

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.)*

This well was temporarily abandoned 04/28/83 - uneconomical to produce.

RECEIVED
JUL 6 9 37 AM '83
BUR. OF LAND MGMT
ROSWELL DISTRICT

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED Paula A. Collins TITLE Authorized Agent DATE 06/30/83

(Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
NOV 9 1983 APPROVED FOR 12 MONTH PERIOD
ENDING NOV 9 1983

*See Instructions on Reverse Side