

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☐ GAS WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-067291-A</u>
2. NAME OF OPERATOR <u>Mobil Oil Corporation</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 633, Midland, Texas 79701</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>UNIT P, 660 FSL & 660 FEL, SEC. 18, T-9-S, R-38-E 664</u> <u>COUNTY NEW MEXICO</u>		8. FARM OR LEASE NAME <u>Brown Federal</u>
14. PERMIT NO.		9. WELL NO. <u>1</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3963.61</u>		10. FIELD AND POOL, OR WILDCAT <u>Sawyer San Andres</u>
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA <u>SEC. 18, T-9-S, R-38-E</u>
		12. COUNTY OR PARISH 13. STATE <u>LC9 New Mexico</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

To Plug And Abandon as Per attached Procedure

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

SIGNED

TITLE Authorized Agent

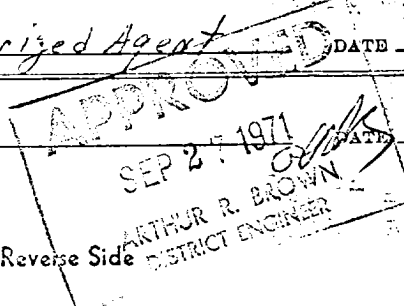
DATE 9-24-71

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

MIDLAND E & P DIVISION

WELL WORK RECOMMENDATIONS

Proposals for Well Reconditioning and Subsurface Maintenance
Workovers, Expense DD's, PB's, and Conversions

Lease: BROWN FEDERAL Well No. 1

Field: SANTER SAN ANDRES

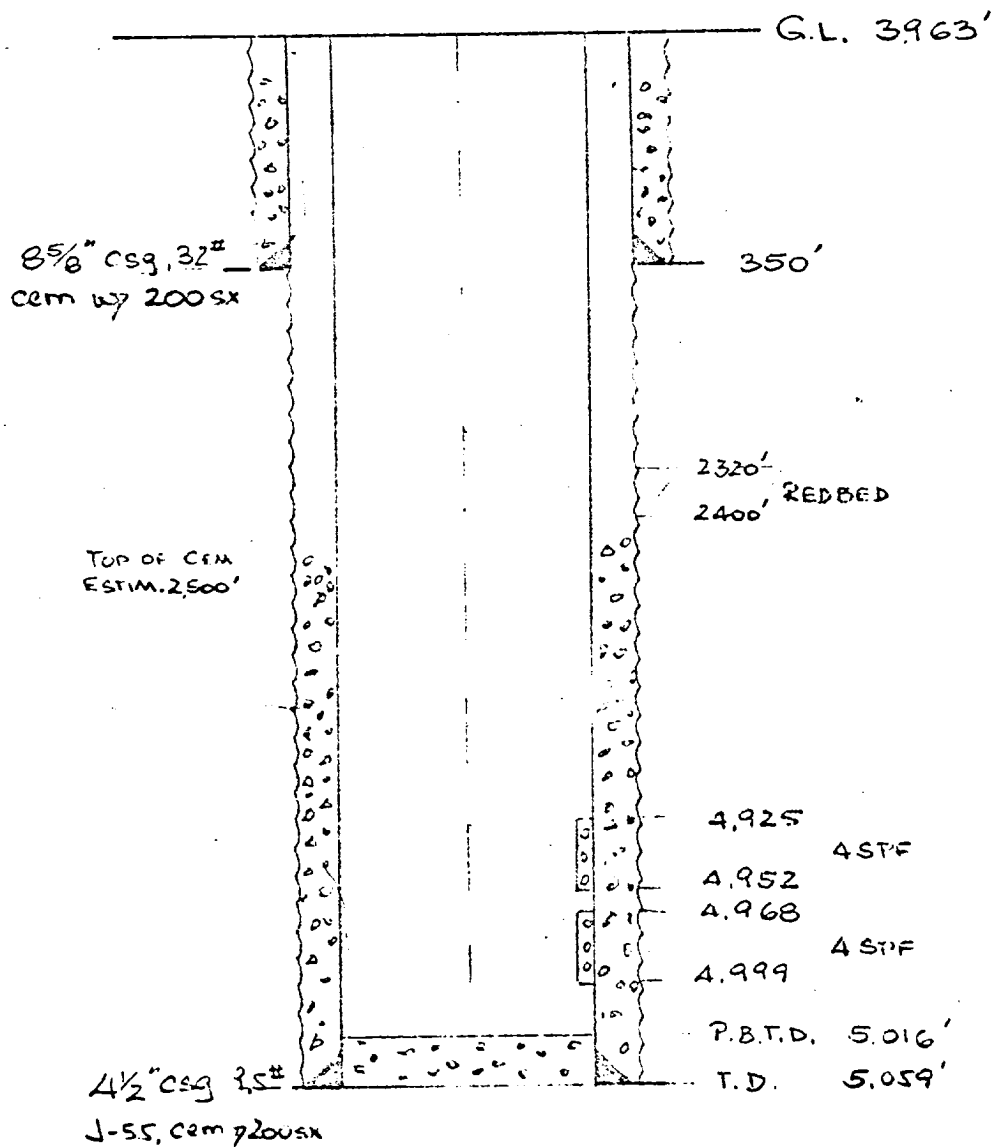
County: LEA State: NEW MEXICO

RECOMMENDED PROCEDURE:

1. SPOT CEMENT PLUG (25SX) ACROSS PERFORATIONS
(4,925-4999). MAKE SURE THAT PORTION ABOVE PERFS
IS WELL COVERED
2. LOAD HOLE w/ MUDLADEN FLUID.
3. SPOT CEMENT PLUG (25SX) ACROSS RED BED ZONE
(2300'-2400')
4. SPOT CEMENT PLUG (25SX) ACROSS 8 5/8" CSG SHOE
5. SPOT CEMENT PLUG (10SX) AT SURFACE.
6. SET MARKER.

REMARKS: PROCEDURE HAS BEEN DISCUSSED ORALLY WITH
USGS IN HOBBE (MR BROWN)

DIAGRAMMATIC WELL SKETCH
 BROWN FEDERAL N° 1
 SAWYER SAN ANDRES POOL
 UNIT LETTER P-SEC 18-T9S-R38E
 LEA COUNTY, NEW MEXICO



K.S. 7-12-71