

UNITED STATES CONS. COMMISSION TRIPlicate  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

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. <b>OIL WELL</b> <input checked="" type="checkbox"/> <b>GAS WELL</b> <input type="checkbox"/> <b>OTHER</b> <input type="checkbox"/>		5. <b>LEASE DESIGNATION AND SERIAL NO.</b> LC-065254
2. <b>NAME OF OPERATOR</b> Mobil Producing TX & NM Inc.		6. <b>IF INDIAN, ALLOTTEE OR TRIBE NAME</b>
3. <b>ADDRESS OF OPERATOR</b> 9 Greenway Plaza - Suite 2700 - Houston, TX 77046		7. <b>UNIT AGREEMENT NAME</b>
4. <b>LOCATION OF WELL</b> (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330 FEL & 330 FSL		8. <b>FARM OR LEASE NAME</b> Denton North Wolfcamp Unit Tract No. 1
14. <b>PERMIT NO.</b>		9. <b>WELL NO.</b> 2
15. <b>ELEVATIONS</b> (Show whether DF, ST, OR, etc.) DF-3822		10. <b>FIELD AND POOL, OR WILDCAT</b> Denton Wolfcamp
		11. <b>SBC., T., S., M., OR BLE. AND SURVEY OR AREA</b> Sec. 34, T-14S, T-37E
		12. <b>COUNTY OR PARISH</b> Lea
		13. <b>STATE</b> NM

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 COMPLETION <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <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.)\*

- 1-27-86 MIRU Frontier UT #302, RIH w/7" CIBP & set @ 9300, dump 35x "C" Neat on top of CIBP.
- 1-28-86 Circ 9.5 MLF to surf (365 bbls), perf Abo @ 8173-8174 w/4 JSPF (8 holes), RIH w/7" cmt ret.
- 1-29-86 Set ret @ 8125, sqz w/35x "C" Neat, spot 16x on top of ret.
- 1-30-86 Perf Glorietta @ 6223-6225 w/2 JSPF (8 holes), set cmt ret @ 6175, sqz perfs 6223-25 w/35x "C" Neat, cap w/16x on top of ret, perf 4793-4795 w/2 JSPF (8 holes), set cmt ret @ 4745, sqz 4793-95 w/35x "C" Neat, cap cmt ret w/16x, perf salt @ 3138-3140 w/2 JSPF (8 holes).
- 1-31-86 Set cmt ret @ 3090, pump 500x "C" Neat & circ 15x to pit, dump 16x on cmt ret, spot 16x "C" Neat plug @ 2157-2250, spot 30x "C" Neat plug @ 188-362, spot 15x "C" Neat plug @ 0-50, instl dry hole marker, clear & clean location, RDMO Frontier Unit. Well P&A.

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 2-7-86

(This space for Federal or State office use)  
Orig. Sgd. [Signature]

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 6-23-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
JUN 26 1986  
C.C.P.  
HOBBS OFFICE