

Art 1a, NM 88210

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well	RECEIVED BY MAR 17 1986 O.S.D.	5. LEASE DESIGNATION AND SERIAL NO. LC-069465
2. NAME OF OPERATOR Mobil Producing TX & NM Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046		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 990 FSL & 330 FWL		8. FARM OR LEASE NAME West Henshaw Premier Unit Tract 5 9. WELL NO. 3
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, HT, GR, etc.) DF-3844 GR-3842	10. FIELD AND POOL, OR WILDCAT Henshaw, Grayburg, West 11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 3, T-16S, R-30E 12. COUNTY OR PARISH Eddy 13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANE ☐
(Other) Temporary Abandon	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other)	

(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.)

Well was shut in 1-23-84.

Request a one year extension of authority to retain this well in a temporary abandonment status pending study to P & A.

APPROVED FOR ¹² MONTH PERIOD
ENDING 3/15/87

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

SIGNED Nancy Lewis

TITLE Authorized Agent

DATE 3-6-86

(This space for Federal or State office use)

APPROVED BY Area Manager
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 3-13-87

Subject to
Like Approval
by State

*See Instructions on Reverse Side