

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 7
(Other Instru 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 <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 West Henshaw Premier Unit Tract 7C	
3. ADDRESS OF OPERATOR P.O. Box 633, Midland, Texas 79701		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2334 Feet from the North Line and 330 Feet from the East Line Of Unit Letter H, Sec. 3, T-16-S, and Range 30-E		10. FIELD AND POOL, OR WILDCAT Henshaw Grayburg West	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3-16S-30E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

18. 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* ☐

(Other) Well Status

(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 Temp. Abd.
5/18/67 - Installed Artificial Lift Equip. (Pumping Unit)
& returned to producing

RECEIVED

MAY 29 1967

F. L. BEEKMAN

RECEIVED
MAY 24 1967

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

SIGNED

John J. Thurd

TITLE Authorized Agent

DATE May 19, 1967

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
MAY 26 1967
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

APPROVED BY *[Signature]*

*See Instructions on Reverse Side