Form 9-331 (May 1963)	DEPAR			stempyin TRIPLIC		Form a Budget LEASE DESIGN	pproved. Bureau No. ATION AND S		
	DELAN	GEOLOGICAL SURVEY				NAI 0	1111	A	
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.)						3. IF INDIAN, AL	LÓTTED OR 1	RIBE NAME	
OIL XX GA			RE	CEIVED		7. UNIT AGREEMS	INT NAME		
2. NAME OF OPERAT					—	3. FARM OR LEAS	SE NAME T	ract 7-C	
Mobil Oil	Corporation	on 📈	1	'CIV 1 1 1074		West Hens	haw Pre	mier Uni	
3. ADDRESS OF OPE				··· · · · · · · · · · · · · · · · · ·		. WELL NO.			
Box 633, i	Midland, Te	exas 79701				1			
4. LOCATION OF WEI	LL (Report location	on clearly and in accordance	with any Sta	telrequirements.	1 -	10. FIELD AND P			
At surface					l	Henshaw Grayburg West			
Unit H, 2334' FNL & 330' FEL, Sec. 3, T-16-S, R-30-E						SURVEY OF	RAREA		
		•				ec. 3 <b>, T-</b>			
14. PERMIT NO.		15. ELEVATIONS (Show	whether DF, RT	, OR, etc.)		12. COUNTY OR	i		
						Eddy	Ne	<u>w Mexic</u> o	
16.	NOTICE OF I	Appropriate Box To Instruction to:		8		NT REPORT OF:	IRING WELL		
TEST WATER SE		PULL OR ALTER CASING		WATER SHUT-OFF FRACTURE TREATMENT	,	1.0	RING CASING		
FRACTURE TREA		MULTIPLE COMPLETE ABANDON*	$ \overline{\chi}\chi $	SHOOTING OR ACIDIZE			DONMENT*		
SHOOT OR ACIDI		CHANGE PLANS		(Other)					
(Other)		CHANGE IDANS		(NOTE: Report Completion or I	results of	f multiple comp ion Report and	letion on W Log form.)	'ell	
	SED OR COMPLETED k. If well is dir	OPERATIONS (Clearly state a rectionally drilled, give subs	all pertinent durface location	stails and give nortinent	dates in	cluding estimat	ed date of	starting any zones perti-	
nent to this w	ork.) *							er St	
Tomporari	ly abandon	effective 10-1-	74.					₹° 237	
1 empor ar r	ly abandon	CITCOLIVE TO T	,					e.	
Hold for	active sec	ondary recovery	project.				1.1	4	
11014 101	400170 300	ondary recording	p. 00		<u>.</u>			***	
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				RECEI	ر و ا	on for any sector of the secto	pourthers observe the reserve		
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				Marsa	2.				

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18. I hereby certify that the foregoing in true and correct	TITLE _Authorized Agent	DATE 10-14-74			
(This space for Federal or State office use)	TITLE MUST	DATE			
CONDITIONS OF APPROVAL, IF ANY:  UNLESS FURTHER A  BE PUT TO THE	PPROVED.  WELL MUST  WELL MUST  WELL MUST  PLUGGED BY  1. 1975				

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