

NMOCC COPY

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 01171A
2. NAME OF OPERATOR Mobil Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3 Greenway Plaza East - Suite 800, Houston, Texas 77046		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface Unit H, 2334' FNL and 330' FEL, Sec. 3, T-16-S, R-30-E		8. FARM OR LEASE NAME Tr. 7C-West Henshaw Premier Unit
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, etc.) ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Henshaw Grayburg West
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-16-S, R-30-E
NOTICE OF INTENTION TO:		12. COUNTY OR PARISH Eddy
SUBSEQUENT REPORT OF:		13. STATE N. Mex.

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 COMPLETE <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 type="checkbox"/>	
REPAIR WELL <input type="checkbox"/>		CHANGE PLANS <input type="checkbox"/>		(Other) Return to production		<input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>				(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.)\*

Returned to production on 4/1/77. Well was SI 8/10/76.

## RECEIVED

SEP 19 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED <u>Virginia Howard</u>	TITLE <u>Authorized Agent</u>	DATE <u>9/14/77</u>
(This space for Federal or State office use)		
APPROVED BY <u>Lee S. Lora</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>SEP 23 1977</u>
CONDITIONS OF APPROVAL, IF ANY:		

cc: NMOCC, Artesia (2)

\*See Instructions on Reverse Side