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NEW MEXICO OIL CONSERVATION COMMISSION RECEIVED

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

SEP 29 1980

O. C. D.

5a. Indicate Type of Lease	State ☐ Federal ☐
5. State Oil & Gas Lease No.	069641

SUNDRY NOTICES AND REPORTS ON WELLS

ARTESIA, OFFICE

(DO NOT USE THIS FORM FOR PROPOSALS TO ABANDON OR TO REOPEN OR TO MOVE A WELL TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO ABANDON (C-102) FOR SUCH PROPOSALS.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER: Water Injection Well	7. Unit Agreement Name
2. Name of Operator Mobil Producing TX. & N.M. Inc. ✓	6. Name of Lease Name W. Henshaw Premier Unit
3. Address of Operator 9 Greenway Plaza, Suite 2700 - Houston, Texas 77046	9. Well No. Tr. 6 #9
4. Location of Well UNIT LETTER Q , 2310 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 16-S RANGE 30-E N.M.P.M.	10. Field and Pool, or Wildcat West Henshaw Grayburg
15. Elevation (Show whether DF, RT, CR, etc.) 3894 DF	12. County Eddy

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
		OTHER Casing Leak Survey ☒	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Well dug out to bradenhead, valve installed with riser and second valve above surface. Inspected and approved by NMED representative on 7-25-80. J. O. Carson, Production Supervisor, Represented Mobil.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u><i>H. K. Woods</i></u>	TITLE <u>Authorized Agent</u>	DATE <u>9-25-80</u>
APPROVED BY <u><i>M. L. Williams</i></u>	TITLE <u>OIL AND GAS INSPECTOR</u>	DATE <u>SEP 30 1980</u>
CONDITIONS OF APPROVAL, IF ANY:		