

45F

NM OIL CONS. COMMISSION  
 Drawer DD  
 Artesia, NM 88210

RECEIVED BY

Form 9-331  
 FEB 8 1985

O. C. D. DEPARTMENT OF THE INTERIOR  
 ARTESIA, OFFICE GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR  
 Mobil Producing TX & NM, Inc. ✓
3. ADDRESS OF OPERATOR 77046  
 9 Greenway Plaza, Ste. 2700, Houston, Tx
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
 AT SURFACE: 1980' FSL & 1980' FEL of Sec. 4  
 AT TOP PROD. INTERVAL: Same as surface  
 AT TOTAL DEPTH: Same as surface

5. LEASE  
 LC 067610
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
 West Henshaw Premier Unit Tr. 4
8. FARM OR LEASE NAME
9. WELL NO.  
 2
10. FIELD OR WILDCAT NAME  
 Henshaw Grayburg, West
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 Sec. 4 T16S R30E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
 3852' GL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                      | SUBSEQUENT REPORT OF:    |
|---|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>  | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>       | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>     | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/>          | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/>    | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/>         | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/>             | <input type="checkbox"/> |
| (other) TEMPORARILY ABANDON                   |                          |

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

This well was temporarily abandoned 4/28/83; uneconomical to produce. Request one year extension of authority to maintain in temporarily abandoned status.

APPROVED FOR 12 MONTH PERIOD

DATE 2/1/84  
 Upon the completion of a satisfactory well test.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Virginia Howard TITLE Authorized Agent DATE 11/28/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 2-5-85  
 CONDITIONS OF APPROVAL, IF ANY: