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Form 9-331
Dec. 1978

ARTESIA OFFICE

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88410

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☒ gas ☐
well 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: 660' FSL & 660' FEL of Sec. 4
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) TEMPORARILY ABANDON ☐

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.

3

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 13. STATE
Eddy NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3848' GL

(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

ENDING 2/1/86

Upon completion of satisfactory well test

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Virginia Sheward 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: