

C/SF

NM OIL CONS. COMMISSION
 Drawer DD
 Artesia, NM 88210

Form Approved
 Budget Bureau No 42-R1424

RECEIVED BY
 DEC 1973
 APR -4 1985
 O. C. D.
 ARTESIA OFFICE

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 interval. 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
 9 Greenway Plaza, Ste 2700, Houston TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
 AT SURFACE: 660 FSL & 660 FEL
 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

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
 Eddy

13. STATE
 New Mexico

14. API NO.

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

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) Temporary Abandonment <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(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.

On 2-5-85 a 12 month extension to maintain a temporarily abandoned status was approved upon completion of a satisfactory well test. This is notification that this well will be either recompleted or plugged and abandoned within the next 2 to 3 months.

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

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

SIGNED Nancy Kew TITLE Authorized Agent DATE 3-22-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
 CONDITIONS OF APPROVAL IF ANY:

APR 2 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO