

435

NM OIL CONS. COMMISSION

Form Approved
Budget Bureau No. 42-R1424

RECEIVED

MAR 21 1985

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

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 Water Injection Well

2. NAME OF OPERATOR
Mobil Producing TX & NM Inc. ✓

3. ADDRESS OF OPERATOR
9 Greenway Pl-Ste 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 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

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

5. LEASE
~~NE 67610~~ LC-067610

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
West Henshaw Premier Unit Tract 4

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
Henshaw-Grayburg, West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-16S, R-30E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2865 GR, 2873 DF

(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 shut in 1-23-84.

Request one year extension of authority to retain this well in a temporarily abandoned state pending P&A.

APPROVED FOR 12 MONTH PERIOD
ENDING 3/15/86

Post ID-2
3-29-85
TA

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

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 3-11-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3-20-85
CONDITIONS OF APPROVAL IF ANY: _____

*See Instructions on Reverse Side

Subject to
Mike Approval
by State