

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-046615

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well RECEIVED BY

2. NAME OF OPERATOR

Mobil Producing TX & NM Inc. ✓

3. ADDRESS OF OPERATOR

Nine Greenway Plaza Ste 2700, Houston, TX 77046 D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

660 FWL & 3300 FSL

MAR 17 1986

ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Henshaw Premier
Unit Tract II

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Henshaw, Grayburg West

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 4, T-16S, R-30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, BT, GR, etc.)

DE-3894 3849

12. COUNTY OR PARISH

Eddy

13. STATE

NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(Other) Temporary abandon ☒

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.) *

Well was shut in 1-23-84.

Request a one year extension of authority to retain this well in a temporary abandonment status pending study to P & A.

APPROVED FOR ¹² MONTH PERIOD
ENDING 3/15/87

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

SIGNED

Nancy Lewis

TITLE Authorized Agent

DATE

3-6-86

(This space for Federal or State office use)

Area Manager

APPROVED BY

TITLE

DATE

3-13-87

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side