Form 9–331
(May 1963)

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Copy ___

Form approved.
Budget Bureau No. 42–R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL [X] GAS WELL [ ] OTHER [ ]

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Mobil Oil Corporation

8. FARM OR LEASE NAME
West Henshaw Premier Unit Tract 11

3. ADDRESS OF OPERATOR

P.O. Box 633, Midland, Texas

9. WELL NO.
3

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit letter P, 3630' from the South line and 990' from the
East line, Section 4, Township 16S, Range 30E, Eddy County,
New Mexico

10. FIELD AND POOL, OR WILDCAT
Henshaw Grayburg West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4-T16S-R30E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3865 DF

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

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) __Well Status__	[X]
(Other)			

(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 perti-
nent to this work.) *

3/1/67   Temporary Abandoned – Held for Secondary Recovery

RECEIVED

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

SIGNED _____ TITLE Authorized Agent   DATE February 23, 1967

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
FEB 24 1967
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

See Instructions on Reverse Side

APPROVED BY _____