	wo. of copies received DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS	REQUEST		ECEIVED	
	OPERATOR / PRORATION OFFICE		Ì	NOV 1 1979	
8.	Operator Mobil Producing Texas	& New Mexico Inc.		O. C. C.	
	Address			RTESIA, OFFICE	
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership		• Corporation.	tor name from Mobil Oil Date: 1-1-1980)	
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · ·		······································	
11.	DESCRIPTION OF WELL AND I			Lease No.	
	Lease Name Merican Well No. Pool Name, Including Formation Kind of Lease Lease West Henshaw Unit Tract 11 4 Henshaw Grayburg Hest State, Federal or Fee Federal LC-0				
	Location N 2970 South 2310 West Unit Letter;Feet From TheLine andFeet From The				
	Unit Letter;;	16-5	30-E	Eddy	
	Line of Section Tow	mship Range	, мрм,	County	
m.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approv	ved copy of this form is to be vent)	
	N/A Water	Injection Well	Address (Give address to which approv	ved copy of this form is to be sent l	
		····		,	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge.	is gas actually connected? Whe	'n	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	ر میں بنی بنی بنی بنی میں میں میں میں ہے۔ بر	
	Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations		<u>1</u> <u></u>	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	· · · · · · · · · · · · · · · · · · ·				
			1		
V.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top a				
	DIL WELL able for this de Date First New Oil Run To Tanks Date of Test		pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Oli-Bbie.	Water - Bbis.	Gas - MCF	
	Actual Prod. During Test				
	GAS WELL				
	Actual Prod. Teel-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	hereby certify that the rules and regulations of the Oil Conservation commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		APPROVED JAN 241330, 19 BY W. a. Jussett TITLEN		
	Authorized		This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened well, this form must be accordance by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply		
	(Tit October 31 (Da	le) , 1979			

		C C COPY	11070000			
Form 9-337	NITED STAT	ES SUBMIT IN PLICAT				
(May 1963)	DEPARTMENT OF THE	INTERIOR (Other instr. os on verse side)	5. LEASE DESIGNATION AND BERIAL NO.			
	GEOLOGICAL SU	A A A A A A A A A A A A A A A A A A A	1 16-060398			
			6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
SU	NDRY NOTICES AND RE	PORIS ON WELLS				
(Do not use t	his form for proposals to drill or to deel Use "APPLICATION FOR PERMIT-	en or plug back to a different reservoir. -" for such propossis.)				
1.			7. UNIT AGREEMENT NAME 12 201 Henshaw Fremen			
OIL GAS	, 🗌 other Water Inject	ion	linit			
WELL WELL			8. FARM OR LEASE NAME Burne			
Nobil Cil C			West Henshaw Unit			
3. ADDRESS OF OPERA			9. WELL NO.			
			4			
4. LOCATION OF WELL	3, Midland, Toxas (Report location clearly and in accordan	10. FIELD AND POOL, OR WILDCAT				
See also space 17 At surface	below.)	Henshaw Grayburg West				
	N 20701 from the South	11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA				
		h line and 2310' from the				
west line o	f Section 4, T-16S, R-30	4-16S-30E				
14. PERMIT NO.	15. ELEVATIONS (Sh	ow whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE			
			Eddy New Mexico			
14		Indianta Natura of Nation Danata	or Other Data			
16.	Check Appropriate Box 10	Indicate Nature of Notice, Report, o				
	NOTICE OF INTENTION TO:	8UB	SEQUENT REPORT OF:			
TEST WATER SHU	T-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL			
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING			
SHOOT OR ACIDIZI	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*			
REPAIR WELL	CHANGE PLANS	(Other) <u>Convert</u>	to Water Injection X			
(Other)		Completion or Rec	ompletion Report and Log form.)			
17. DESCRIBE PROPOSE	o or completed operations (Clearly stat	e all pertinent details, and give pertinent d	ates, including estimated date of starting any ertical depths for all markers and zones perti-			
nent to this work.	k.)*					
			\mathbf{O}			
OBJECTIVE:	To convert to WIW		- 2018년 1월 - 1918년 - 2018년 3 년			
11/16 2860	TD, 2837 PBTD		- found bottom			
HI&RU	DA&S SD P.U tagged	bottom w/ tbg, pulled 2" th	og, Iouna boccom			
@ 279	B, the OE w/ no mud and	nor or SN. SD for night.	1] Two Bills on 6 its			
11/17 han 4	-3/4 Imp Plk on 3 jts t	og & sd line, no imp - ran	$\frac{1}{42}$ min DIK on 0 Jus			
tbg,	no imp, ran 4½ Imp Blk	on 2" tog, no imp. Ran 52	sd pump C/O 2794-2818/4 hrs.			
SD fe	r night		od & III tha scraper			
11/18 Han /	$-3/4$ bit & 5 \pm csg scrape	er on 2" tbg to 2818, pull	ed & Dh tog, Straper,			
	oit. Hel DA&S Unit @ 11	L' C L C Curk Chamter l'on	sion Pkn on 88			
12/2 MIRU	12/2 MIRU DA&S SD Unit. Han plastic Coated Guib Shorty Tension Pkr on 88 Dts 2-3/8 HUE 8 KD cement lined tbg, set Pkr @ 2730 w/ 14,000 wt, inst wellhead, rel DA&S Unit @ 6:00 p.m. Complete as WIW FINAL REPORT RECEIVED					
2-3/8	EUE 8 KD cement lined	maloto na WiW				
rel I	JA&S Unit @ 6:00 p.m. G	Subrere as with	Contraction of the second			
FINAL	_ REPORT	SCEIVEN	NO NO NO			
		and the second second at the second second	OF STREET			
			L OF NO. IL			
			A CLARKER CONTRACTOR			
	\land					
	/)		D. P.			
		e ^{en} de la constante de la const				
18. I hereby ceptity	hat the foregoing is true and correct					
	11 The we	TITLE Authorized Agent	DATE 12-9-66			
SIGNED	AUG T					
This space for 1	Federal or State office use)		and the second sec			
APPROVED BY	ED	ТІТЬВ	DATE			
CONDITIONS OF	PPPPVAL, H ANY : SYLTICA					
- 20						
AP	A BOOM					
1	Sector *Sec	Instructions on Reverse Side				
	KININ NEER					
$\langle \rangle$	R. L. DIETRICT EN					
ACT	N ¹²					

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