

NM L CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 a well or to check to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other ☐ NOV 18 1982
2. NAME OF OPERATOR
Mobil Producing TX. & N.M. INC.
3. ADDRESS OF OPERATOR
ARTESIA OFFICE
9 Greenway Plaza, Ste 2700, Houston, TX 77046
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1980' FWL of Sec. 4
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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

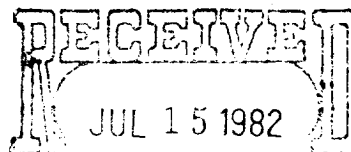
(other) Temporary Abandonment (x)

5. LEASE ⁶³ LC-050898
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
West Henshaw Premier Unit, Tract 1
8. FARM OR LEASE NAME
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
West Henshaw Grayburg
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 4, T-16S, R-30E
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

To report well Temporarily Abandoned - Uneconomical to produce. Hold for enhanced recovery CO2 well.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 7/12/82

APPROVED (This space for Federal or State office use)

(Orig. 57) J. W. CHESTER

APPROVED BY

NOV 16 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

TITLE _____ DATE _____

APPROVED FOR 12 MONTH PERIOD
ENDING

*See Instructions on Reverse Side