

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
Other Instructions  
Reverse side  
Drawn by  
Artesia, NM 88210

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

45F

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		RECEIVED BY MAR 17 1986 ARTESIA, NM 88210		2. LEASE DESIGNATION AND SERIAL NO. LC-060398	
2. NAME OF OPERATOR Mobil Producing TX NM Inc.				3. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046				4. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL & FWL				5. FARM OR LEASE NAME West Henshaw Premier Unit Tract 1	
14. PERMIT NO. DF-3824 GR-3882		15. ELEVATIONS (Show whether DT, BT, CR, etc.)		6. FIELD AND POOL, OR WILDCAT Henshaw, Grayburg, West	
				7. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-16S, R-20E	
				8. COUNTY OR PARISH Eddy	
				9. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>	Temporary Abandon <input checked="" type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recomplet on 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 <sup>12</sup> 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)  
Orig: Sgd: Charles S. Denton

APPROVED BY Area Manager TITLE  DATE 3-13-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side