

RECEIVED **Form 9-331**
2-1973

APR -4 1985

O. C. D.

ARTESIA, OFFICE

NM OIL CONS. COMMISSION

Drawer DD

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

1. ☒ oil well ☐ gas well ☐ other

2. NAME OF OPERATOR

Mobil Producing TX & NM Inc ✓

3. ADDRESS OF OPERATOR

9 Greenway Plaza, Ste 2700, Houston TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660 FSL & 660 FEL

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Temporary Abandonment ☒

5. LEASE

NM 06407-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Henshaw Premier Unit Tr. 10

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD OR WILDCAT NAME

Henshaw Grayburg, West

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

Sec. 5 T16S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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.)*

This well was temporarily abandoned 4-28-83; uneconomical to produce.

On 2-5-85 a 12 month extension to maintain a temporarily abandoned status was approved upon completion of a satisfactory well test. This is notification that this well will be either recompleted or plugged and abandoned within the next 2 to 3 months.

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

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 3-22-85

(This space for Federal or State office use)

APPROVED ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APR 2 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

OPERATOR'S COPY

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

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
Mobil Producing TX & NM, Inc. ✓

3. ADDRESS OF OPERATOR 77046
9 Greenway Plaza, Ste. 2700, Houston, Tx

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 660' FEL of Sec. 5
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:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) TEMPORARILY ABANDON		

5. LEASE
NM 06407-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
West Henshaw Premier Unit Tr. 10

8. FARM OR LEASE NAME

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Henshaw Grayburg, West

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5 T16S R30E

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.)*

This well was temporarily abandoned 4/28/83; uneconomical to produce. Request one year extension of authority to maintain in temporarily abandoned status.

APPROVED FOR 12 MONTH PERIOD

ENDING 2/1/86

Upon completion of a satisfactory well test.

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

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

SIGNED Virginia Howard TITLE Authorized Agent DATE 11/28/84

APPROVED BY Charles S. Dabbs (This space for Federal or State office use)
AREA MANAGER
TITLE CARLSBAD RESOURCE AREA DATE 2-5-85

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 26 1985

U.S. DEPT. OF JUSTICE
FBI