

N. M. O. C. G. DEPT.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN T
(Other Instruc
verse side)ICATE
OR re-Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-06407-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mobil Oil Corporation		8. FARM OR LEASE NAME West Henshaw Premier Unit Tract 10
3. ADDRESS OF OPERATOR P.O. Box 633, Midland, Texas		9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter R, 1980' from the South line and 1980' from the East line of Section 5, 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 5 16S 30E		12. COUNTY OR PARISH Eddy
14. PERMIT NO.		13. STATE New Mexico
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3815 DF		

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Well Status

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 pertinent to this work.)*

2/7/67 Installed artificial lift equipment. (Pumping Unit).

RECEIVED

FEB 23 1967

RECEIVED
FEB 23 1967
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Authorized Agent

DATE February 21, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

FEB 24

T. L. DEERHOFER
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

APPROVED BY