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Drawn DD COMMISSION ATT. CONS. COMMISSION

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Budget Bureau No 42-R1424

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 Water Injection Well

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

3. ADDRESS OF OPERATOR
9 Greenway Pl-Ste 2700, Houston, TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660 FNL & 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:

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

(other) Temporary Abandonment

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

04422

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

West Henshaw Premier Unit Tract 8

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Henshaw-Grayburg, West

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

Sec. 8, T-16S, R-30E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3816 DF

(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 shut in 1-23-84.

Request one year extension of authority to retain this well in a temporarily abandoned state pending P&A.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/15/86

Post # 10-2
3-29-85
TA

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 3-11-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____ DATE 3-26-85

*See Instructions on Reverse Side

Subject to
Like Approval
by State