Form 9-331 (May 1963)

WELL OIL

NAME OF OPERATOR

3. ADDRESS OF OPERATOR

GAS WELL

Mobil Cil Corporation

'ITED STATES TITED STATES SUBMIT IN TO DEPARTMENT OF THE INTERIOR Verse side)

Form approved, Budget Bureau No. 42 R1424. 5. LEASE DESIGNATION AND SERIAL NO.

| GEOLOGICAL | SURVEY |
|------------|---------|
| GLOLOGICAL | 2011451 |

ICATE.

| | | O4.4 | 21 | | | |
|----|----|---------|----------|----|-------|------|
| €. | IF | INDIAN, | ALLOTTEM | ÓR | TRIBE | NAME |

| SUNDRY NO | otices a | IND RE | EPORTS (| ON ' | WELLS |
|-----------|----------|--------|----------|------|-------|
|-----------|----------|--------|----------|------|-------|

OTHER Water Injection

P.O. Box 633, Midland, Texas 79701

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

(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.)

| | ' |
|---|--|
| _ | 7. UNIT AGREEMENT NAME |
| | 7 |
| | (\$. PARM OR LEASE NAME Y. Northeast Square Lake - Promier Unit 0. West No. |
| | 10. FIELD AND 1906, OF WILDCAT SQUARY LEKE GRAYBURG |
| | San Andres, Vorth 11. sec., t., e., m., or dek. and screen on Aeda |

Unit letter S, 1650' from the South line and 2310' from the West line of Section 3, T-16-S, R-31-E, Eddy County, N.M.

3-16S-31E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH, 13. STATE

New Mexico

16.

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | | |
|-------------------------|----------------------|-----------------------|---|---|
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | | WATER SHUT-OFF REPAIRING WELL | _ |
| FRACTURE TREAT | MULTIPLE COMPLETE | | FRACTURE TREATMENT ALTERING CASING | |
| SHOOT OR ACIDIZE | ABANDON* | | SHOOTING OR ACIDIZING ABANDONMENT* | _ |
| EPAIR WELL | CHANGE PLANS | | (Other) | |
| Other) Convert | to Water Injection | XX | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | |

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

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.) *

Convert to Water Injection - May, 1967

FRI MAY 191967 SURVEY

| | | GEO! WEW ME |
|---|------------------------|--|
| 18. I hereby certify that the foregoing is true and correct | TITLE Authorized Agent | U. S. TESIA. May 18, 1967 |
| (This space for Federal or State office use) | | |
| CONTINUES ON APPROVAL, IF ANY: | TITLE | DATE |
| ADD 1067 | APPROVED BY 1.11. (2-) | Marine Committee |
| MAY 32 Buch | <i>y</i> - <i>l</i> - | |

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*See Instructions on Reverse Side