U red states				
DEPARTMENT	OF	THE	INTERIOR	

SUBMIT IN TRIGHCATE* (Other instructions on re-

Form	approved.		
Rudge	et Bureau	No. 42	2- K142
5. LEASE DESIG	CRATION AN	D SERS	AL NO.

DEPARTMENT OF THE INTERIOR verse side)	5. LEASI
GEOLOGICAL SURVEY	1/1
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.)	6. 11º IN
	7. UNIT

(Do not use this form for pro- Use "APPLI	posals to drill or to deepen or plug back to a different reservoir. CATION FOR PERMIT—" for such proposals.)	
OIL GAS OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	<u></u>	8. FARM OR DEASE NAME
Mobil Oil Corporat	tion 🖊	NorthEast Square Lake/Unit
3. ADDRESS OF OPERATOR		9. WELL NO.
Box 633, Midland,	Texas 79701	16
 LOCATION OF WELL (Report location See also space 17 below.) At surface 	r clearly and in accordance with any State requirements.	Square Lake Grayburg SA 11. sec., T., R., M., OB BLK. AND SURVEY OR AREA
Unit F, 1650' FNL	& 2310' FWL, Sec. 9, T-16-S, R-31-E	Sec. 9, T-16-S, R-31-E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	4112 RT	Eddy New Mexico

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

4112 RT

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PULL OR ALTER CASING MULTIPLE COMPLETE SHOOT OR ACIDIZE REPAIR WELL (Other)	water shut-off FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (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.)*

Temporarily abandon effective 10-1

16.

Hold for active secondary recovery project.

RECEIVED

OCT 27 1975

O. C. C. ARTESIA, OFFICE

18. I hereby certify that the foregoing is true and correct SIGNED Authorized Agent	DATE10)-14-75
(This space for Federal or State office use) APPROVED BY TITLE WELL MUST	DATE	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: APPROVED WELL MUST CONDITIONS OF APPROVAL, IF ANY: APPROVED WELL MUST TO BENEFICAL USE OR PLUGGED BY	*.	

ee Instructions on Reverse Side