

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL CONS. COMMISSION

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	<b>RECEIVED BY</b>  <b>AUG 20 1986</b>  <b>O. C. D.</b> <b>ARTESIA, OFFICE</b>	5. LEASE DESIGNATION AND SERIAL NO. NM-04421
2. NAME OF OPERATOR Mobil Producing TX & NM Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  660 FEL & 1980 FNL		8. FARM OR LEASE NAME Northeast Square Lake Premier Unit 9. WELL NO. 18
14. PERMIT NO.	15. ELEVATIONS (Show whether SP, ST, GR, etc.)	10. FIELD AND POOL, OR WILDCAT North Square Lake G-SA
		11. SEC., T., R., M., OR RLE. AND SURVEY OR AREA Sec. 9, T-16S, R-31E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PELL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
BROOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) Temporary Abandon <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
BROODING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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.)

This well was shut-in 5-6-86; uneconomical to produce.

Request authority to temporarily abandon this well.

APPROVED FOR <sup>12</sup> MONTH PERIOD  
ENDING 8/18/87

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 8-1-86

(This space for Federal or State office use)

APPROVED Sgt. Sgd. Charles S. Dutton TITLE \_\_\_\_\_ DATE 8-19-86  
CONDITIONS OF APPROVAL IF ANY:

\*See Instructions on Reverse Side