N. W. O. C. C. COPY

Form approved.

(Mny 1963)	DEPAR I WILNT OF THE INTERIOR Verse side) GEOLOGICAL SURVEY			On re- 5. LEASE DESIG	t Bureau No. 42-R1424. NATION AND SURIAL NO.	
	INDRY NOTICES A		ON WELLS ack to a different reservoir.	0	LLOTTES OR TRIBE NAME	
OIL X GAS WELL X WELL	L OTHER			7. UNIT AGREEM	IRNT NAME	
2. NAME OF OPERATOR					ARR NAME	
Mobil Cil Corporation					st Square Lake Unit	
8. ADDRESS OF OPERA				9. WELL NO.		
F.C. Box 633, Midland, Texas						
 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 					Square Lake Grayburg	
Unit letter C, 660' from the North line and 1980' from the					M., OR BLE. AND	
West line of Section 10, T-16-S, H-31-E, Eddy County, N.M.					OR AREA	
				10-169-3	11.6	
14. PERMIT NO.	15. EL	EVATIONS (Show whether DF,	RT, GR, etc.)	12. COUNTY OR Eddy	New Mexico	
16,	Chada Aaaaaa	a. Dan Ta Indiana M	(NI D	0.1 0 .		
		ie pox to indicate inc	ature of Notice, Report	r, or Other Data	· · · · · · · · · · · · · · · · · · ·	
	NOTICE OF INTENTION TO:		1	SUBSEQUENT REPORT OF:	. **	
TEST WATER SHUT	NOFF PULL OR A	ALTER CASING	WATER SHUT-OFF	REPA	IRING WELL	
FRACTURE TREAT	MULTIPLE	COMPLETE	FRACTURE TREATMENT	r ALTE	RING CASING	
SHOOT OR ACIDIZE	ABANDON*		SHOOTING OR ACIDIZI	NG ABAN	DONMENT*	
REPAIR WELL	CHANGE P	LANS	(Other) <u>Well</u>		$\overline{\lambda}$	
(Other)	<u> </u>		(Norm: Report Completion or F	results of multiple comp Recompletion Report and	etion on Well Log form.)	
 DESCRIBE PROPOSED proposed work. nent to this work 	OR COMPLETED OPERATIONS (If well is directionally dril.) *	Clearly state all pertinent led, give subsurface location	details, and give pertinent ons and measured and true	dates, including estima vertical depths for all	ted date of starting any markers and zones perti-	
Temporary	Abandoned - Held	for Secondary E	iecovery			
The Norther is Unit or	ast Square Lake I	remier Unit was	3 formed 12/1/66	- Mobil Oil Co	rporation	
				, 100 mm		
	•		•		- 15 의 한 년 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15	
	1	RECEIVE	מ			
•	. *			21		
		F50 0 117		DECE'	: 10c	
	•	ing the second		RECEIV	CALSU	

18. I hereby certify that the foregoing is true and	Accorrect Accorrect Authorized Agent	DATE 1/10/67
(Chis space for Federal or State office use)		
CONDITIONS OF A FRONT, IF ANY:	TITLE	DATE
APPRINT		
FEB BEKNASI	*See Instructions on Reverse Side	
ACTING DISTRICT ENGINEER	APPROV	ED BY N. Concercy