

N.M. O. C. C. COPY
ARTESIA OFFICE COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0 4471

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Mobil Oil Corporation</p> <p>3. ADDRESS OF OPERATOR Box 633, Midland, Texas 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</p> <p>Unit B, 660' FNL & 1980' FEL, Sec. 10, T-16-S, R-31-E</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.)</p>	<p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME NorthEast Square Lake</p> <p>9. WELL NO. Premier Unit 28</p> <p>10. FIELD AND POOL, OR WILDCAT Square Lake Grayburg SA</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-16-S, R-31-E</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE New Mexico</p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 10-1-75. S 1 6-67

Hold for active secondary recovery project.

RECEIVED

OCT 27 1975

RECEIVED

OCT 23 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

OCT 21 1975

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

O. C. C.

ARTESIA OFFICE

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

SIGNED

TITLE

Authorized Agent

DATE

10-14-75

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL OCTOBER 1 - 1976
See Instructions on Reverse Side

OCT 28 1975

H. L. BEEKMAN
ACTING DISTRICT ENGINEER