

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1421.

5. LEASE DESIGNATION AND SERIAL NO.

04421

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Mobil Oil Corporation ✓		8. FARM OR LEASE NAME Northeast Square Lake Premier Unit	
3. ADDRESS OF OPERATOR P. O. Box 633, Midland, Texas 79701		9. WELL NO. 21	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Square Lake Grayburg San Andres, North	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-16S-31E	
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 4226		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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 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"/>
(Other) Convert to Water Injection <input checked="" 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.)*

3820 TD. 3781 PBTD. Premier perfs (3720-3778)

4/18/67 MIRU DA&S SD Unit, pulled & whse rods & pump - pulled 2-3/8 tbg from 3690', ran 3" bit & 4 1/2" Baker csg scraper on tbg to 1840, SD for nite.

4/19/67 Finish running bit & scraper to 3769 pulled & layed down tbg scraper & bit. Ran SP CO 3759-69, 10/4 hrs - ran 4 1/2" plastic coated Johnston tension pkr type 101-S on 61 jts 2-3/8" cement lined tbg, SD for nite.

4/20/67 Ran 57 jts 2-3/8" cement lined tbg total 118 jts set Johnston tension pkr @ 3697 w/13,000# tension - install injection head - released DA&S Well Ser Co. Unit @ 10:30 A.M. - Complete as WIW.

RECEIVED

MAY 9 1967

G. C. C.
ACTING OFFICE

RECEIVED

MAY 8 1967

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

SIGNED

TITLE Authorized Agent U. S. G.

DATE April 28, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

R. L. DEKMA

*See Instructions on Reverse Side