

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN PLICATE\*  
(Other instr  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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		9. WELL NO. 19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter E, 1980' from the North line and 660' from the West line of Section 10, T-16-S, R-31-E, Eddy County, N.M.		10. FIELD AND POOL, OR WILDCAT Square Lake Grayburg S. A. North	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-168-31E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy	
		18. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input 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"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Well Status	

(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.)\*

Temporary Abandoned - Held for Secondary Recovery

The Northeast Square Lake Premier Unit was formed 12/1/66 - Mobil Oil Corporation is Unit operator.

RECEIVED

RECEIVED  
JAN 12 1967  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Authorized Agent

DATE 1/10/67

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED  
FEB 1 1967  
R. L. BECKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

APPROVED BY