

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

026418

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 ☐ GAS WELL ☒ OTHER Water Injection

2. NAME OF OPERATOR  
Mobil Oil Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 633, Midland, Texas 79701

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, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
4167 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Northeast Square Lake  
Premier Unit

9. WELL NO.  
19

10. FIELD AND POOL, OR WILDCAT  
Square Lake Grayburg  
San Andres, North

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
10-16S-31E

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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL 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) Convert to Water Injection		<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"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)\*

OBJECTIVE: Convert to WIW. 3750 TD, 3714 PBTD, Premier (3645-3703).

4/23/67 MIRU DA&S Well Serv SD Unit - ran SP, CO 3683-3713 PB in 4 hrs, ran bit & csg scraper on 2-3/8 tbg to 3713, pulled & LS tbg, scraper & bit.

4/24/67 Ran SP, no fill up, ran plastic coated Johnston Type 101-S tension pkr on 115 jts, 2-3/8 cement lined tbg w/turned down couplings, set pkr @ 3598 w/14,000# tension, inst'l injection head, rig down & rel DA&S unit @ 12:00 noon.  
Complete as WIW.

RECEIVED

RECEIVED  
MAY 8 1967  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Authorized Agent

DATE May 2, 1967

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

R. L. BLEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side