

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR Mobil Producing TX. & N.M. Inc. ✓
3. ADDRESS OF OPERATOR Nine Greenway Plaza,
Suite 2700, Houston, Texas 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FSL & 1980' FEL, Sec. 10
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

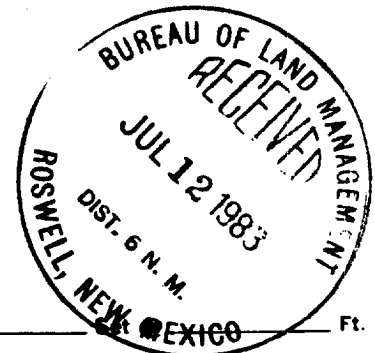
REQUEST FOR APPROVAL TO:	SEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Temporary Abandonment <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5. LEASE 04421
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME N.E. Square Lake Premier Unit
8. FARM OR LEASE NAME RECEIVED BY
9. WELL NO. 26 NOV 09 1983
10. FIELD OR WILDCAT NAME O. C. D. Square Lake G-SA North
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T16S, R31E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 4129' Gb

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

This well was temporarily abandoned 6-01-83 - Uneconomical to produce.



Subsurface Safety Valve: Manu. and Type

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

SIGNED Paul A. Collins TITLE Authorized Agent DATE 7-8-83

APPROVED
(Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

NOV 8 1983

APPROVED FOR 12 MONTH PERIOD
ENDING 11/8/83

*See Instructions on Reverse Side