

c/sf

RECEIVED BY <b>APR -4 1985</b>	UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM OIL CONS. COMMISSION Drawer DD Artesia, NM 88210
O. SUNDRY NOTICES AND REPORTS ON WELLS		
ARTESIA, NM (Use this form for proposals to drill or to deepen or plug back to a different depth. (See Form 9-331-C for such proposals.)		

1. OIL ☒ GAS ☐ other

2. NAME OF OPERATOR

Mobil Producing TX &amp; NM Inc

3. ADDRESS OF OPERATOR

9 Greenway Plaza, Ste 2700, Houston TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

2310 FSL &amp; 1980, FEL

AT SURFACE: Same as surface

AT TOP PROD. INTERVAL: Same as surface

AT TOTAL DEPTH: Same as Surface

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐

(other)

Temporary Abandonment

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☒

8. LEASE

NM 04421

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N.E. Square Lake Premier Unit

8. FARM OR LEASE NAME

9. WELL NO.

26

10. FIELD OR WILDCAT NAME

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

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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 6-1-83; uneconomical to produce.

On 2-5-85 a 12 month extension to maintain a temporarily abandoned status was approved upon completion of a satisfactory well test. This is notification that this well will be either recompleted or plugged and abandoned within the next 2 to 3 months.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

*Nancy Lewis*

TITLE

Authorized Agent

DATE

3-22-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

APR 2 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO