

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
Form 3160-5)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

clsf

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 ☐		RECEIVED BY AUG 20 1986 O. C. D. ARTS 1046 OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM- 04421	
2. NAME OF OPERATOR Mobil Producing TX & NM Inc. /				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310 FSL & 1980 FEL				8. FARM OR LEASE NAME Northeast Square Lake Premier Unit	
				9. WELL NO. 26	
				10. FIELD AND POOL, OR WILDCAT North Square Lake G-SA	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-16S, R-31E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, ST, OR, etc.) 4230 GL		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	(Other) ☐
(Other) Temporary Abandon ☒		(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.)

This well was shut-in 5-6-86; uneconomical to produce.

Request authority to temporarily abandon this well.

APPROVED FOR 12 MONTH PERIOD
ENDING 8/18/87

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

SIGNED <u>Nancy Lewis</u>	TITLE <u>Authorized Agent</u>	DATE <u>8-1-86</u>
(This space for Federal or State office use)		
APPROVED BY <u>Charles S. B. Man</u>	TITLE <u></u>	DATE <u>8-19-86</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side