

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM OIL COMMISSION  
SUBMIT IN TRIPlicate  
Other Construction, or  
verse side

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

c/SP

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-1069
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 1880 FSL & 1980 FWL	8. FARM OR LEASE NAME Federal CCC
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Northeast Square Lake
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-16S, R-31E
14. PERMIT NO.	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DV, HT, GR, etc.) GL-4136	13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

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.)\*

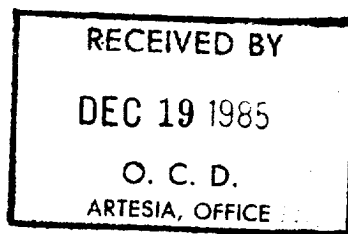
12-4-85 MIRU Wek Rig #1, SPUD & TD 12-1/4" hole, RIH w/11 jts 9-5/8" 47# S95  
LT&C w/cent 1-10' cmt on btm @ 440 w/300x Cl C (396 cf), circ 50x, 53%  
HWO, WOC.

12-5-85 PT csg 900#-30 min-ok, WOC 18 hrs, drlg new form.

ACCEPTED FOR RECORD

*GuD*  
DEC 18 1985

CARISBAD, NEW MEXICO



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

SIGNED *Nancy Lewis*

TITLE Authorized Agent

DATE 12-11-85

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side