

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

BUDGET CATEGORY 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Mobil Producing TX & NM Inc. | | 8. FARM OR LEASE NAME Government "D" |
| 3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 77046 | | 9. WELL NO. 2 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FNL & 660 FWL | | 10. FIELD AND POOL, OR WILDCAT Fenton, NW - Delaware |
| 14. PERMIT NO. GR-3223 | | 11. SEC., T., R., OR BLM. AND SURVEY OR AREA Sec. 12, T-21S, R-27E |
| 15. ELEVATIONS (Show whether DF, ST, OR ETC.) ARTESIA 1000 | | 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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| BHOOT OR ACIDIZING <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |
| (Other) Temporary Abandon | X | (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 and 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.)

Well was shut in 7-20-86; unsuccessful plug back.
Request authority to retain this well as temporarily abandoned.

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

| | | |
|--|-------------------------------|---------------------|
| SIGNED <u>Mary Lewis</u> | TITLE <u>Authorized Agent</u> | DATE <u>7-23-86</u> |
| (This space for Federal or State office use) | | |
| APPROVED BY <u>Don McCormick</u> | TITLE <u>acting</u> | DATE <u>7-29-86</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |

APPROVED FOR 12 MONTH PERIOD
ENDING 7-29-87
*See Instructions on Reverse Side