UNITED STATES DEPARTMENT OF THE INTERIOR

M-0560291 IF INDIAN, ALLOTTEE OR TRIBE NAME UNIT AGREEMENT NAME FARM OR LEASE NAME Federal 00 Com
. UNIT AGREEMENT NAME
. FARM OR LEASE NAME
Federal 00 Com
. WELL NO.
2
. FIELD OR WILDCAT NAME
Burton Flat Morrow
. SEC., T., R., M., OR BLK. AND SURVEY OR
· · · · · ·
Sec. 18, T21S, R27E
. COUNTY OR PARISH 13. STATE
Eddy New Mexico
. API NO.
. ELEVATIONS (SHOW DF, KDB, AND WD)

LEACE

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 difference reservoir. Use Form 9–331–C for such proposals.) JAN - 4 1980 gas well well other 2. NAME OF OPERATOR O. C. D. Mobil Oil Corporation ARTESIA, DEFICE 3. ADDRESS OF OPERATOR 9 Greenway Plaza, Suite 2700, Houston, TX 770 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: Unit Letter C 660 FNL & 1980 FWL 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 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other)

17. DESCRIBE PROPOSED OR COMPLE ED 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.)*

See Attachment

Subsurface Safety Valve: Manu. and Type		Set @	Ft.
18. I hereby certify that the foregoing is true	e and correct		
SIGNED Politic Jay	TITLE Authorized Agent DATE 1	2-19-79	
APPROVED BY	This space for Federal or State office use)	JAN 9 1	98