

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-17095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Government "D"

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Fenton, NW - Delaware

11. SEC., T., R., M., OR B.L. AND
SUBDIVISION OR AREA

Sec 12, T-21S, R-27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Mobil Producing TX & NM Inc.

3. ADDRESS OF OPERATOR

9 Greenway Plaza, Suite 2700, Houston, TX 77046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1950 FNL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, HT, GR, etc.)

3194 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Casing

(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 perti-
nent to this work.)

6/2/86 MIRU Mac Chase Ut, RIH w/25 jts 5 1/2" 14# K-55 FL4S atlas w/7 centl,
cmt on btm @ 3200 w/225 sx C neat (266 cf), TOL @ 2212.5, circ
204 sx WOC

6/3/86 RDMO Mac Chase UT

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

SIGNED

TITLE Authorized Agent

DATE 6-9-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 17 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO