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ormerly 9-331)

UNITED STATES
DEPARTMENT (THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on verse side)

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.: NM-17095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

OIL WELL ☒ GAS WELL ☐ OTHER

RECEIVED BY
MAY 20 1987
O. C. D.
ARTESIA, OFFICE

NAME OF OPERATOR: Mobil Producing TX & NM Inc.

8. FARM OR LEASE NAME: Government "D"

ADDRESS OF OPERATOR: 9 Greenway Plaza, Suite 2700, Houston, TX 77046

9. WELL NO.: 14

LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface: 2310 FSL & 2170 FEL

10. FIELD AND POOL, OR WILDCAT: Undesignated-Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 1, T-21S, R-27E

PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): KB-3201

12. COUNTY OR PARISH: Eddy

13. STATE: New Mexico

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*	X	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

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 10-22-86, unsuccessful completion. Request authority to temporarily abandon this well, pending study.

APPROVED FOR 12 MONTH PERIOD
ENDING 4/30/88

Post ID-2
1-2-87
TH

I hereby certify that the foregoing is true and correct

SIGNED Gladys M. Sullivan TITLE Authorized Agent DATE 12-12-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

tle 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the ited States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.