

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

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

45F

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. 12	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1600 FSL & 1040 FEL		10. FIELD AND POOL, OR WILDCAT Avalon, East-Bone Spring	
14. PERMIT NO. GR-3194		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-21S, R-27E	
15. ELEVATIONS (Show whether SP, ST, GR, etc.) O. C. D.		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

RECEIVED BY
APR 23 1986
O. C. D.
ARTESIA, OFFICE

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"/>
BROOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	SPUD <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(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 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.) *

4-6-86 MIRU Rod Ric Drlg Rig #10, SPUD 17-1/2" hole.

4-7-86 TD 17-1/2" hole, RIH w/6 jts 13-3/8" csg, hit Bridge @ 260, POH w/csg, ream.

4-8-86 Spot cmt @ 475 w/175x Thick set, WOC.

4-9-86 WOC 18 hrs, tag cmt @ 445, could not circ, spot 175x Thick set, tag cmt @ 440, could not circ, spot 250x Thick set through open ended DP, WOC.

4-10-86 Tag cmt @ 390, DO to 660', ran 8 jts 8-5/8" csg & set on ledge @ 348', could not work past, LD csg, wash & ream to btm.

4-11-86 RIH w/16 jts 13-3/8 48# K55 ST&C csg w/5 centl, cmt @ 660 w/450x Cl C (594 cf), not circ.

4-12-86 Tag cmt @ 420, cmt w/300x Class C (396 cf), circ 25x, test csg 1500# - ok, WOC 28 hrs total, drlg new form.

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 4-18-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

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APR 22 1986