

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
Drawer 108210
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

C/SF

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR
Mobil Producing TX & NM Inc. ✓

3. ADDRESS OF OPERATOR
9 Greenway Plaza - Suite 2700 - Houston, TEXAS 77046

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

RECEIVED BY
MAY 01 1986
O. C. D.

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.
12

10. FIELD AND POOL, OR WILDCAT
Avalon, East-Bone Spring

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

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
GR-3194

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	FRACURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	Csg <input checked="" type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PELL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<input type="checkbox"/>		

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.)

4-13/15-86 Drlg.

4-16-86 TD 12-1/4" hole, RIH w/23 jts 9-5/8" 47# S-95 & 39 jts 9-5/8" 47# L-80 LT&C w/5 centl, cmt @ 2580 w/950x TLW + 300x C (2116 cf), circ 200x, 38% HWO, WOC.

4-17-86 WOC 18 hrs, PT csg 1500#-30 min-ok, tag cmt @ 2515, drlg new form.

ACCEPTED FOR RECORD.

Lud
APR 28 1986

CARISBADO, NEW MEXICO

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 4-23-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side