

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

457

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 ☐	RECEIVED BY MAY 12 1986 O. C. D. ARTESIA OFFICE
2. NAME OF OPERATOR Mobil Producing TX & NM Inc. ✓	
3. ADDRESS OF OPERATOR 9 Greenway Plaza, Ste 2700, Houston, TX 77046	
4. LOCATION OF WELL (Report location clearly and in accordance with See also space 17 below.) At surface 1600 FSL & 1040 FEL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, BT, GR, etc.) GR - 3194

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 Bone-Spring, East	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-21S, R-27E	
12. COUNTY OR PARISH Eddy	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) _____	Casing ☒
(Other) _____		(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.)

4-18/20-86 Drlg
4-21-86 TD 7-7/8" hole, Logging
4-22-86 RIH w/68 jts 15.5# & 66 jts 14# K55 LT&C w/centl 1-10', cmt @ 5710 w/450 x TLW + 900 X C (2003 cf), not circ, REL Rod Ric Rig #10.

ACCEPTED FOR RECORD

Luc
MAY 5 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Nancy Lewis* TITLE Authorized Agent DATE 4-30-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side