

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well <input type="checkbox"/> gas well <input type="checkbox"/> other <input checked="" type="checkbox"/> Core Test
2. NAME OF OPERATOR Mobil Oil Corporation
3. ADDRESS OF OPERATOR 77046 Nine Greenway Plaza - Suite 2700, Hou., TX
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980/S 1800/E AT TOP PROD. INTERVAL: AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>

(other)

SUBSEQUENT REPORT OF:

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RECEIVED

JUL 5 1979

O. C. C.
ARTESIA, OFFICE

5. LEASE NM - 14778	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Latham Federal	
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Wildcat	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S Sec. 15, T25N, R29E	
12. COUNTY OR PARISH Eddy	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3054' GR	

NOTE: Report results of multiple completion or zone change on Form 9-330J.

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.)*

TD 5300', 10-3/4 @ 353, 7" @ 3123.

Proposed plugging procedure:

1. GIH OE to 4396'.
2. Spot 35x cmt plug 4200 - 4396.
3. Spot 50x cmt plug 3000 - 3320.
4. Spot 15x cmt plug 100 - surface.
5. Cut off wellhead & install marker.
6. Restore surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

Virginia Howard

TITLE Authorized Agent

DATE 6/12/79

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Lee M. Lora

(This space for Federal or State office use)

ACTING DISTRICT ENGINEER

DATE

JUL 3 - 1979