

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT INSTRUCTIONS ON REVERSE SIDE

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

57

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.)

ARTESIA, OFFICE

| | |
|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 5. LEASE DESIGNATION AND SERIAL NO. NM-1069 |
| 2. NAME OF OPERATOR Mobil Producing TX. & N.M., Inc. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box Midland, Texas 79702 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2970' FSL; 2310' FEL | 8. FARM OR LEASE NAME Federal CCC |
| 14. PERMIT NO. | 9. WELL NO. 2 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4170' GR | 10. FIELD AND POOL, OR WILDCAT North Square Lake - 6-27 |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4. T-16-S, R-31-E |
| | 12. COUNTY OR PARISH Eddy |
| | 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input 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.)*

We are requesting permission to drill the subject well at a new location 100' further East at 2310 FEL and 2970' FSL.

Please also note the Field Name correction to the North Square Lake Field.

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

SIGNED C.A. Moore for G.E. Tate TITLE Env. & Reg. Manager DATE July 9, 1986

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE DATE 7-14-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENTP. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-102
Revised 10-1-78

All distances must be from the outer boundaries of the Section.

| | | | | | |
|--|--------------------------------|------------------|---------------------------|----------------|--------------------------------|
| Operator MOBIL PRODUCING TX. & N.M. INC. | | | Lease FEDERAL "CCC" | | Well No. 2 |
| Unit Letter 0 | Section 4 | Township 16-S | Range 31-E | County EDDY | |
| Actual Footage Location of Wells 2310 feet from the EAST line and 2970 feet from the SOUTH line | | | | | |
| Ground Level Elev. 4170 | Producing Formation PREMIER | | Pool NORTH SQUARE LAKE | | Dedicated Acreage: 40 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.

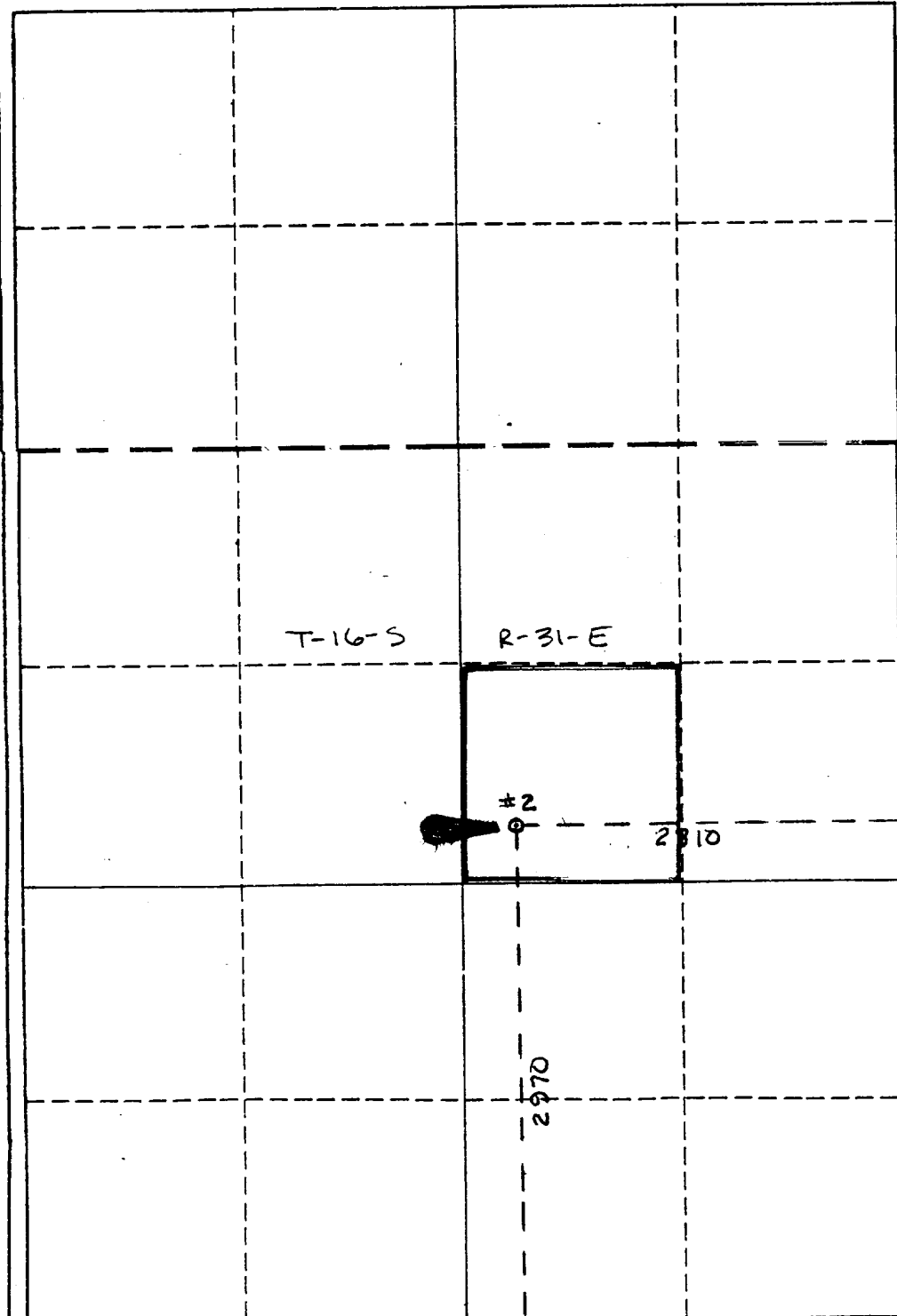
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

C. A. Moore for
Name

G.E. Tate

Position

Env. & Reg. Manager

Company

Mobil Producing Tx. & NM, Inc.

Date

July 9, 1986

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Registered Professional Engineer
and/or Land Surveyor

Certificate No.

9669