

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
USA-NM-0554967

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. For such proposals, 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, TX 77046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
1950 FSL & 1980 FWL

5. LEASE AGREEMENT NAME
CARLSBAD RESOURCE AREA

6. FARM OR LEASE NAME
Government "K"

7. WELL NO.
2

8. FIELD AND POOL, OR WILDCAT
Quechero Plains
Upper Bone Springs

9. SEC., T., S., M., OR ALG. AND SURVEY OR AREA
Sec. 23, T-18S, R-32E

10. PERMIT NO.
GR-3770

11. ELEVATIONS (Show whether of, to, or, etc.)

12. COUNTY OR PARISH
Lea

13. STATE
NM

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"/>
BROOD OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	BROODING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	Add Perfs <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(Note - Report results of multiple completion on Well Completion or Re-completion 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.)

- 8-5-87 MIRU X-pert WS #24, POH W/pmp, tbg, TAC, SN
- 8-6-87 Perf W/1 JSPF @ 8343-49, 8360-63, 8384-8410, 8412-15 (42 holes), RIH W/RBP & pkr to 8440, PT pkr 1500# - Lost 700#-5min, Re-set RBP @ 8434, rel pkr & RBP.
- 8-7-87 RIH W/RBP & pkr, tst tbg found 2 collar leaks, set RBP @ 8440 - PT 1500# - 10 min - OK (Isolate perfs 8454-8515), Set pkr @ 8253, PT 500#. Acdz 8343-8415 W/6100 gal 7 1/2% HCL Acid + 80 RCNBS, fl W/50 bb1 2% KCL.
- 8-11-87 POH W/pkr & RBP.
- 8-12-87 Perf W/2 JSPF @ 8833-8844 (24 holes).
- 8-13-87 Set pkr @ 8743. Acdz 8833-44 W/1600 gal 15% Di-FE HCL + 50 RCNBS, fl W/52 bb1 2% KCL.
- 8-15-87 POH W/pkr. Set CIBP @ 8800. RIH W/2 3/8 SN-8564, 2 7/8 SN-8563, TAC-8159 on 264 jts 2 7/8 tbg (202' off btm).
- 8-17-87 RIH W/2 x 1 1/2 x 20 pump, PT tbg 500# - OK RDMO, turn well to production.
Bone Springs Perfs: 8343-8415
8454-8515

PBTD = 8800

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

SIGNED Nancy Lewis TITLE Mobil Exploration & Producing U.S. Inc. as Agent for Mobil Producing TX & NM Inc. DATE 9-1-87

(This space for Federal or State office use)

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

SEP 21 1987

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO