

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN APPLICATION*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

04421

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 Water Injection

2. NAME OF OPERATOR Mobil Oil Corporation

3. ADDRESS OF OPERATOR P. O. Box 633, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit letter I, 2310' from the South line and 990' from the East line of Section 10, T-16S, R-31E, Eddy County, New Mexico

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Northeast Square Lake Premier Unit

9. WELL NO. 25

10. FIELD AND POOL OR WILDCAT Square Lake, Grayburg San Andres, North

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-16S-31E

12. COUNTY OR PARISH Eddy 13. STATE New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

(Other) Convert to Water InjectionXX

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.)*

OBJECTIVE: Convert to WIW. 3868TD, 3844 PBD, Premier (3787-92) & (3827-32).

4/22/67 MIRU DA&S Well Service SD Unit, ran SP, CO @ 3844, ran bit, csg scraper on 2-3/8 tbg to 3844 PBD, pulled & LD tbg, ran plastic coated Johnston Type 101-S tension pkr on 119 jts 2-3/8 cement lined tbg, set pkr @ 3757 w/14,000# tension inst injection head, rig down & rel DA&S Well Serv Unit @ 6:00 p.m. Complete as WIW.

RECEIVED
MAY 8 1967
U. S. GEOLOGICAL SURVEY
ARTESIAN

18. I hereby certify that the foregoing is true and correct
SIGNED John J. Duro TITLE Authorized Agent DATE May 2, 1967

(This space for Federal or State office use)

APPROVED BY
MAY 2 1967
R. L. BECKMAN
DISTRICT ENGINEER

TITLE _____ DATE _____