

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.)

5. LEASE NM 0413032
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Federal QQ
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Undesignated (Wolfcamp)
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 8, T-21-S, R-17-E
12. COUNTY OR PARISH Eddy
13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3275' GR

1. oil well - gas well - other

2. NAME OF OPERATOR
Mobil Oil Corporation

3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 2700, Hous., TX 77046

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 1650' FEL, Sec. 8, T21S,
AT TOP PROD. INTERVAL: R27E
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input checked="" type="checkbox"/>	<input type="checkbox"/>
(other)	

RECEIVED

OCT 18 1978

O. C. C.
ADMINISTRATIVE OFFICE

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

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.)*

1. Kill Wolfcamp w/ 9.5 lb/gal. brine
2. Release Baker Lok Set @ 9178'; POH pkr and tbg.
3. Set CIBP @ 9200'
4. Cap w/ 8 sx Class "H" neat cmt.
5. Run freepoint indicator on 7" csg; cut and pull all available csg. (cmt top @ 5485' by temp survey. Casing is 7" 26 & 23 lb ft N-80 and S-95 LTXC)
6. Load hole w/ 9.5 lb/gal mud laden fluid, using 25 lbs gal. 1,000 gal. H₂O
7. Spot 150' cmt plug across csg stub (75' on either side) using a minimum of 55sx Class "H" neat cmt.
8. Spot a 100' cmt plug from 3900'-4000' using a minimum of 50 sx neat cmt.

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 September 15, 1978

(This space for Federal or State office use)
APPROVED BY Lee J. Lora TITLE DISTRICT ENGINEER DATE OCT 17 1978

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form, and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom), and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

18. ELEVATIONS
3275

14. API NO.
Eddy

12. COUNTY OR AREA
Eddy

11. SEC. T. R.
Sec. 8, T. 12S, R. 7E

10. ADDRESS OF OPERATOR
2700 Hous., TX 77046

NOTE: Refer to the back of this form for instructions on how to fill out this form.

1976 O - 214-148

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent data including estimated date of starting any proposed work. If well is directionally drilled, measured and true vertical depths for all markers and zones pertinent to this work). *
 8. Spot a 100' cmt plug from 3900'-4000', using a minimum 858x Class "H" neat cmt.
 7. Spot 150' cmt plug across csg stub (75' on either side 8-92 LYXC)
 6. Load hole w/ 9.5 lb/gal mud laden fluid, using 25 lbs
 5. Run freespinner indicator on 7" csg; cut and pull all av
 4. Csg w/ 8 sx Class "H" neat cmt.
 3. Set CIBR 3 2000'
 2. Release Baker Lok set @ 9178'; POH pkr and top.
 1. Kill Wellcamp w/ 9.5 lb/gal. brine

9. Spot a 100' cmt plug across surface casing shoe from 2550' to 2650', using a minimum of 40sx Class "H" neat cmt.
10. Spot a 20' cmt plug at the surface (min. 8 sx Class "H" neat cmt.)
11. Erect P & A monument
12. Clear location when BLM approval is received.

Note: Procedure verbally approved by Jim Knäuf of the USGS Artesia N.M.

18. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT OR OTHER DATA

17. LOCATION OF WELL REPORT LOCATION CLEARLY. See space 17

16. ADDRESS OF OPERATOR

15. SUBSEQUENT REPORT OF:

14. REQUEST FOR APPROVAL TO:

13. ABANDON

12. CHANGE ZONES

11. MULTIPLE COMPLETE

10. PULL OR ALTER CASING

9. REPAIR WELL

8. SHOOT OR ACIDIZE

7. FRACTURE TREAT

6. TEST WATER SHUT-OFF

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

SIGNED: _____ TITLE: _____ DATE: _____

Authorized Agent

17. DATE: _____ TITLE: _____

16. DATE: _____ TITLE: _____