

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 ☒ Gas well ☐ other ☐
2. NAME OF OPERATOR Mobil Producing TX. & N.M. Inc. ✓
3. ADDRESS OF OPERATOR Nine Greenway Plaza, Suite 2700, Houston, Texas 77046
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FEL Sec. 5
AT TOP PROD. INTERVAL: Same as surface
AT TOTAL DEPTH: Same as surface
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Temporary Abandonment X

SUBSEQUENT REPORT OF:

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5. LEASE 77m 06407-C
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME W. Henshaw Premier Unit Tr.10
8. FARM OR LEASE NAME
9. WELL NO. 4
10. FIELD OR WILDCAT NAME Henshaw Grayburg, West
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T16S, R30E
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3915' D#

RECEIVED BY

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

NOV 14 1983

O. C. D.

ARTESIA, OFFICE

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.)*

This well was temporarily abandoned 04/28/83 - uneconomical to produce.

RECEIVED
JUL 6 9 39 AM '83
BUR. OF LAND MGMT
ROSSELL DISTRICT

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

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 06/30/83

APPROVED (This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____

TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

NOV 9 1983

APPROVED FOR 12 MONTH PERIOD
ENDING NOV 9 1984