

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions  
verse side)

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

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER                                                   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>USA-NM-0554967                        |
| 2. NAME OF OPERATOR<br>Mobil Producing TX & NM Inc.                                                                                                                |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                         |
| 3. ADDRESS OF OPERATOR<br>9 Greenway Plaza, Suite 2700, Houston, TX 77046                                                                                          |  | 7. UNIT AGREEMENT NAME                                                       |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1950 FSL & 1980 FWL |  | 8. FARM OR LEASE NAME<br>Government "K"                                      |
| 14. PERMIT NO.                                                                                                                                                     |  | 9. WELL NO.<br>2                                                             |
| 15. ELEVATIONS (Show whether BV, ST, GR, etc.)<br>GR-3770                                                                                                          |  | 10. FIELD AND POOL, OR WILDCAT<br>Querecho Plains<br>Upper Bone Spring       |
|                                                                                                                                                                    |  | 11. SEC., T., R., M., OR BLE. AND<br>SUBST. OR AREA<br>Sec. 23, T-18S, R-32E |
|                                                                                                                                                                    |  | 12. COUNTY OR PARISH<br>Lea                                                  |
|                                                                                                                                                                    |  | 13. STATE<br>NM                                                              |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PCLL 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 PLANE         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <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"/> | Casing          | <input checked="" type="checkbox"/> |

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

17 DESCRIBE PROMISED 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.)\*

9-22-86 Drlg  
9-26-86 TD 12 1/4" hole  
9-27-86 RIH W/114 jts 8 5/8" 23# K55 ST&C W/8 centl, cmt @ 4800 W/2700 sx  
C + 300 sx C Neat, circ 500 sx, capped foam cmt W/100 sx C, WOC,  
job witnessed by Jack Johnson, BLM-Hobbs.  
9-28-86 WOC 18 hrs., pt csg 2500# - OK, drlg new form.

ACCEPTED FOR RECORD

OCT 20 1986

CARLSBAD, NEW MEXICO



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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 10-6-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side