| Form 9-331 (May 1963) | UNTED STAT DEPARTME OF THE GEOLOGICAL SU | INTERIOR | SUBMIT IN TRIPLY—ATE (Other instruction r verse side) | Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. LC 069300 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| (Do not use th | NDRY NOTICES AND RE | PORTS ON been or plug back to for such proposals | WELLS a different reservoir. | 7. UNIT AGREEMENT NAME |
| OIL A GAS WELL WELL | | | | 8. FARM OR LEASE NAME |
| 2. NAME OF OPERATOR Mobil Oil Corporation | | | | Cox Federal |
| 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 | | | | 2 10. FIELD AND POOL, OR WILDCAT Allison Penn 11. SEC., T., R., M., OR BLK. AND |
| Unit letter west line, | D, 660' from the north Section 12, T-9-S, R-36- | line and 66 E, Lea Cour | oo' from the ty, New Mexico. | 12-9-36 |
| 14. PERMIT NO. | L. | ow whether DF, RT, G | R, etc.) | 12. COUNTY OR PARISH 13. STATE Lea New Mexico |
| | | +9 DF | (NI-ti- Parat o | |
| 16. | Check Appropriate Box To | Indicate Nature | | EQUENT REPORT OF: |
| 6-19-68 Move in 6-20 Ran Howo mixed m 9674-86 Incore I 6-21 Pulled a 6-24 Move in 6-26 Work cs csg @ 46 6-29 Ran 2" plug 42 | PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON* CHANGE PLANS D OR COMPLETED OPERATIONS (Clearly started of the control of the | te all pertinent detabsurface locations tal Tool we. /8 tbg, set then set in , TP 4000, ger, releas pullers. d free @ 45 4630' of 5½ 25 sx plug ge | Completion or Reconsiler And sive pertinent date and measured and true versions are the control of the control | squeezed Penn Perfs but of ret, spotted 10 sx htal Tool well Ser Unit. 1988, unable to pull, shot ed the to 4270, spotted 35 sx |
| 18. I hereby certify | that the foregoing is true and correct | A | haviged Agent | 7-2-68 |
| signed | Mulls | TITLE AUT | horized Agent | DATE /-2-08 |
| APPROVED BY | Federal or State office use) | TITLE | AP | Prova d |
| CONDITIONS C | F APPROVAL, IF ANY: | | DE(| |