

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-069300

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cox Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Allison Penn

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

12-9-36

12. COUNTY OR PARISH 13. STATE

LEA

New Mexico

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		FEB 7 11 08 AM '67	
2. NAME OF OPERATOR Mobil Oil Corporation			
3. ADDRESS OF OPERATOR P.O. Box 633, Midland, Texas			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit letter D, 660' from the North line and 660' from the West line, Section 12, T-9-S, R-36-E, Lea County, New Mexico			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4049 DF		
12. COUNTY OR PARISH		13. STATE	
LEA		New Mexico	

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Well Status

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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.)\*

Temporarily Abandoned - Studying for Workover

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

SIGNED

TITLE Authorized Agent

DATE 2-15-67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

District Engineer

\*See Instructions on Reverse Side

APPROVED BY