

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

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"/> | 5. LEASE DESIGNATION AND SERIAL NO. LC-069300 |
| 2. NAME OF OPERATOR Mobil Oil Corporation | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 633, Midland, Texas 79701 | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 1020' F31 and 6' F41 of Section 3, T-9-S, R-36-E | 8. FARM OR LEASE NAME Cox-Federal "B" Federal |
| 14. PERMIT NO. | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1026' GR. | 10. FIELD AND POOL, OR WILDCAT Vada Penn Baugh C |
| | 11. SEC., T., R., M., OR BLS. AND SURVEY OR ASSE Sec. 3, T-9-S, R-36-E |
| | 12. COUNTY OR PARISH Lea |
| | 13. STATE New Mexico |

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

NOTICE OF INTENTION TO:

| | | | |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL 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 PLANS | <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) Casing and Cement Job | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |

(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.)*

COX FEDERAL "B" #1

9950 TD, WOC 5-1/2 csg, finish running 5-1/2 csg. 15.50# & 17.0# to 9950, cemented on bottom by Howco W/DPx Incor Neat cement, PD @ 11:30 a.m. 1/28/70, WOC 6 hrs, Worth Well ran temp survey, top of cement @ 3700, NU csg, Bel Marcum Drilg. Co. rig @ 10:00 p.m. 1/28/70, prep to set out tools.
5-1/2 csg. run in following order - bottom up:
71 jts. 17# N-80 LT&C 2616'; 46 jts. 17# J-55 ST&C 1498; 45 jts. 15.50# J-55 ST&C 1443'; 37 jts. 15.50# J-55 LT&C 1100'; 100 jts 17# J-55 LT&C 3203'-total 299 jts.
Test casing @ 1500# ok, WOC 70 hrs.

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

SIGNED: CA MillerTITLE Authorized AgentDATE 1-30-70

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

APPROVED FOR RECORD
0781 6 833
U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION