

UNITED STATES P. O. BOX 1000  
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 formation. Use Form 9-331-C for such proposals.)

1. ☒ Oil well ☐ Gas well ☐ other  
2. NAME OF OPERATOR  
Mobil Producing TX & NM Inc.  
3. ADDRESS OF OPERATOR  
9 Greenway Plaza, Ste 2700, Houston, TX 77046  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 330 FEL & 330 FSL, S34, T14S, R34E  
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)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary Abandonment

5. LEASE  
80270 LC-065254  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Denton N. Wolfcamp Ut. Tr. 1  
8. FARM OR LEASE NAME  
9. WELL NO.  
2  
10. FIELD OR WILDCAT NAME  
Denton Wolfcamp  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T-14S, R-37E  
12. COUNTY OR PARISH  
Lea  
13. STATE  
New Mexico  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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 shut in 7-01-67.

Subject well is located in an active waterflood project. We request a one year extension of authority to retain this well for future water injection services.

APPROVED FOR 12 MONTH PERIOD

ENDING 3/15/86

Upon completion of satisfactory well-test

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Nancy Lewis TITLE Authorized Agent DATE 3-13-85

APPROVED BY \_\_\_\_\_ (This space for Federal or State office use)  
TITLE ASST. MANAGER DATE 3-20-85  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

RECEIVED

MAR 21 1985

U.S. DEPT. OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION