

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.  
**LC 065254**

**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  GAS WELL  OTHER

2. NAME OF OPERATOR  
**Mobil Oil Corporation**

3. ADDRESS OF OPERATOR  
**Three Greenway Plaza East-Suite 800; Houston, TX 77046**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**Unit Letter M, 330' FSL and 990' FWL of section 35  
Township 14-S Range 37-E**

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3820 KB**

7. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME **TR 1 Denton**

**North Wolfcamp Unit**

9. WELL NO.  
**3**

10. FIELD AND POOL, OR WILDCAT  
**Denton Wolfcamp**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 35, T14S,  
R 37E**

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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

**Sqz. present Perfs in Wolfcamp & Re-Perf in Middle Wolfcamp X**

(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.)\*

1. Tag Bottom And Pull Production Equipment.
2. Clean out to PBTD of 9460'.
3. Run cement retainer on 2-3/8" work string and set at 9405'+ and Squeeze the lower Wolfcamp perforations (9426' - 9444') with 100 SX Class "H" CMT.
4. Spot 100 gal fresh water from 9405' to 9310'.  
Set CMT Retainer @ 9230'+ and squeeze upper Wolfcamp perforations, (9244' - 9300'), with 170 SX Class "H" CMT.
5. Drill out CMT Retainer, CMT, and clean out to new PBTD of 9405' and test squeeze.
6. Spot 100 gal 15% HCl @ PBTD, pull tubing & perforate in acid the Wolfcamp Zone. 9334'- 9339', 9348'-54', 9364' - 72', with 1 JSPF (casing gun).
7. Acidize perfs
8. Pull treating equipment, run production equipment, and put on pump.

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

SIGNED *[Signature]* TITLE Authorized Agent DATE 1-13-77

(This space for Federal or State office use)

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

**APPROVED**  
DATE \_\_\_\_\_

*[Signature]*  
**BERNARD MOROZ**  
DISTRICT ENGINEER

RECEIVED

JAN 23 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.