| OISTRIBUTION SANTA FE  PILE U.S.G.S. LAND OFFICE OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS (OC NOT USE THIS FORWARD FOR SHAPE CASHOR FOR S |
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| FILE U.S.G.S.  LAND OFFICE OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS (OC NOT USE THIS FORM FOR PROPOSALS TO BRILL ON TO DEFERD ON PLUG SACK TO A DIFFERENT RESERVOIR.  1. OIL WELL X   |
| U.S.G.S.  LAND OFFICE  OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS  (DC NOT USE THIS FORM PROCESSES TO BRILL OF TOWNS CITED TO BE SUNDED OF TOWNS CITED TOWNS CITED TO BE SUNDED OF TOWNS CITED TOWNS CI |
| LAND OFFICE OPERATOR  SUNDRY NOTICES AND REPORTS ON WELLS (OC NOT USE THIS FORM TOR PROPOSALS TO DRILL ON TO REPORTS ON WELLS)  OUL  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFEN OR PLUE MACK TO A DIFFERENT RESERVOIR.  1. OLL X GAB WELL OTHER. 2. Name of Operator  Mobil Oil Corporation  3. Address of Operator  P. O. Box 633, Midland, Texas 79701  4. Location of Well UNIT LETTER K 1880 FEET FROM THE SOUTH LINE AND 1880 FEET FROM THE VACUUM  THE WEST LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.)  4020 G. L.  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUE AND ABANDON REMEDIAL WORK COMMENCE ORILLING OPNS.  CHANGE PLANS OTHER  OTHER  CASING TEST AND CEMENT JQB MOTHER  CASING TEST AND CEMENT JQB MOTHER  OTHER  CASING TEST AND CEMENT JQB MOTHER  CASING TEST AND CEMENT JQB MOTHER  OTHER  CASING TEST AND CEMENT JQB MOTHER  OTHER  CASING TEST AND CEMENT JQB MOTHER  OTHER  COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB MOTHER  OTHER   |
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| I. OIL WELL WELL OTHER.  2. Name of Operator  Mobil Oil Corporation  Mobil Oil Corporation  P. O. Box 633, Midland, Texas 79701  4. Location of Well  UNIT LETTER K 1880' FEET FROM THE SOUTH  THE West LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NAPPM.  IIS. Elevation (Show whether DF, RT, GR, etc.)  4020 G. L.  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PLUG AND ABANDON REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JQB COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB COMMENT OF PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JQB COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB COMMENT OF PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JQB COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB COMMENT OF PLUG AND ABANDON CHANGE PLANS COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB COMMENT OF PLUG AND ABANDONMENT COMMENCE ORILLING OPNS.  CASING TEST AND CEMENT JQB COMMENT OTHER   |
| OTHER.  2. Name of Operator  Mobil Oil Corporation  3. Address of Operator  P. O. Box 633, Midland, Texas 79701  4. Location of Well  UNIT LETTER K 1880' FEET FROM THE South LINE AND 1880' FEET FROM  THE West LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.)  4020 G. L.  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK COMMENCE OR ILLING OPNS.  CHANGE PLANS OTHER  CHANGE PLANS OTHER  OTHER  OTHER  CASING TEST AND CEMENT JQB OTHER  OTHER   |
| Mobil Oil Corporation  3. Address of Operator P. O. Box 633, Midland, Texas 79701  4. Location of Well UNIT LETTER K 1880 FEET FROM THE South LINE AND 1880 Vacuum  West LINE, SECTION 24 TOWNSHIP 17-5 RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.) 4020 G. L.  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JQB K  OTHER  OTHER  OTHER  PLUG AND ABANDONMENT CHANGE PLANS OTHER  P. West 10. Field and Pool, or Wildcat Vacuum  Va |
| 3. Address of Operator P. O. Box 633, Midland, Texas 79701  4. Location of Well Unit Letter K  |
| P. O. Box 633, Midland, Texas 79701  4. Location of Well  UNIT LETTER K 1880   FEET FROM THE SOUTH LINE AND 1880   Vacuum Vacuum  THE West LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.) Lea  16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   |
| 4. Location of Well  UNIT LETTER K . 1880   FEET FROM THE SOUTH LINE AND 1880   Vacuum  THE West LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.) 4020 G. L. Lea  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK COMMENCE ORILLING OPNS.  TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JQB K  OTHER   |
| West Line, Section 24 Township 17-S RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.)  4020 G. L.  Check Appropriate Box To Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS CASING TEST AND CEMENT JQB X OTHER  |
| THE West LINE, SECTION 24 TOWNSHIP 17-S RANGE 34-E NMPM.  15. Elevation (Show whether DF, RT, GR, etc.) 4020 G. L.  16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK COMMENCE ORILLING OPNS. CASING TEST AND CEMENT JQB X  OTHER  OTHER  |
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| 17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.   |
| September 18, 1966. Ran 722' of $5\frac{1}{2}$ " 15.5# J-55 + 5488' of 14.0# J-55 LT&C Casing. Cemented on bottom by HOWCo w/1800 Sax TILW + 400 Sax Incor Neat, containing 18% Salt. Plug Down @ 11:00 A. M. 9-18-1966. Cement did not circulate. Bottom Eight Joints casing had casing-cote scratchers every 6' and one centralizer per Joint. Casing was reciprocated throughout cement job. Tested 5-\frac{1}{2}" casing w/2000#, WOC 53 Hours before testing casing. 30 Min O. K.   |
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| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |
|  |
| 10-5-66  |
| T. A. Payne TITLE Authorized Agent DATE As of 9-20-66  |

TITLE \_\_\_\_

CONDITIONS OF APPROVAL, IF ANY