

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-29546
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. LG-3362

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" (FORM C-101) FOR SUCH PROPOSALS.)			
1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Lease Name or Unit Agreement Name Lovington Deep State	
2. Name of Operator Mobil Producing TX & NM, Inc		8. Well No. 1	
3. Address of Operator c/o Mobil Exploration & Producing U.S. Inc. P.O. Box 633 Midland, Tx 79702		9. Pool name or Wildcat Upper Penn. Pool South Shoe Bar	
4. Well Location Unit Letter A : 823' Feet From The North Line and 581 Feet From The East Line Section 1 Township 17S Range 35E NMPM Lea County			
10. Elevation (Show whether DF, RKB, RT, GR, etc.)			

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		OTHER: Recomplete use Penn ☐	

12. 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.

3-28-89 MIRU X-Pert WS DD PU #16 Release retainer. TOH 404jts 2 3/8 tbg.
3-29-89 POH w/64 jts 2 3/8 tbg.
3-29-89 POH w/115 jts 2 3/8 tbg. Dumped 25' cement n retainer @ 12,510.
3-30-89 Perf 5 1/2" csg w/4" gun 2 jspf @ 10,694-10,704, 10,720-750, 10,761-765.
Press. test 6000#/OK
4-4-89 Acdz penn perfs w/2800 gals HCL acid + 125 RCNBC
4-7-89 Set Tbg anchor @ 10535.2'
4-8-89 RIH w/pump. Press. test w/500#/OK RD & Rel X-Pert WS D D PU #16

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Shirley Todd TITLE WARRANTY MANAGER DATE 4-12-89
TYPE OR PRINT NAME Shirley Todd TELEPHONE NO. (915) 688-2581

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE APR 17 1989

CONDITIONS OF APPROVAL, IF ANY: