

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-11967

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Triste Draw Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Diamondtail - Wolfcamp

11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA

Sec. 14, T-23S, T-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 Producing TX & NM Inc.

3. ADDRESS OF OPERATOR
9 Greenway Plaza, Suite 2700, Houston, TX 77046

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980 FSL & 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, HT, GR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

Temporary Abandonment

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 and 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 11-7-84, Uneconomical to produce.

Request authority to retain this well as temporarily abandoned.

APPROVED FOR 12 MONTH PERIOD
ENDING 6/27/87

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

SIGNED

Nancy Davis

TITLE Authorized Agent

DATE 6-18-86

(This space for Federal or State office use)

Orig. Sgd. Charles S. D. Mon

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

6-30-86

*See Instructions on Reverse Side