

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
H. M. OIL CONS. CO. SUBMIT IN TRI-DATE  
P.O. BOX 1000 (Other instructions on reverse side)  
HOBBS, NEW MEXICO 87402

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-11768

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "X"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix -  
7 Rivers Queen

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

Sec. 15, T-25S, R-37E

12. COUNTY OR PARISH 13. STATE

Lea 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, Ste 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

660 FSL & 330 FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, 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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

Temporarily Abandoned

X

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 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 6-1-86.

Request authority to temporarily abandon the well.

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

SIGNED

Nancy Lewis

TITLE Authorized Agent

DATE

12-16-86

(This space for signature, State, date, use)

APPROVED BY

Approved

TITLE

DATE

1-7-87

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR MONTH PERIOD

\*See Instructions on Reverse Side

ENDING JAN 01 1988