

UNITED STATE
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

9 Greenway Plaza, Suite 2700, Houston, TX

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660 FSL, 330 FWL Sec. 15

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

5. LEASE
USA (NM 11708)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Federal X

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD OR WILDCAT NAME
Langlie Mattix

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

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

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3090 GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON* ☐(other) Perforate ☐

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

10-11-78: DA GR, CNL Density Caliper 0'-3700', Dual LL 1056'-3700'.

10-21-78: DA Perf 5½, 3324'-28', 3352'-54', 3366'-70', 82'-85', 3398'-3402', 12'-14', 16'-18', 38'-42', 44'-48', 52'-58', total of 45 holes.

10-23-78: GIH Model K pkr set at 3237, Dowell acidized perfs 3324-58 w/3500 gals. 7½% HCL.

10-25-78: Dowell SWF 3324'-3458' w/12,000 gals gelled 2% KCl + 28000 gals x-link gel + 10,000# 100 mesh sd + 24,000# 20-40, + 10000# 10-20.

10-28-78: Install well head equipment for testing.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED

TITLE Authorized Agent

DATE

11-1-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY: