## UNITED STATE

5. LI	EASE		
TISA	(NM	117681	)

DEPARTMENT OF THE INTERIOR	USA (NM 11/68)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
reservoir, Use rorm 9-331-C for such proposais.)	8. FARM OR LEASE NAME
1. oil m gas	Federal X
well well other	9. WELL NO.
2. NAME OF OPERATOR	2
Mobil Oil Corporation	10. FIELD OR WILDCAT NAME
	Langlie Mattix
3. ADDRESS OF OPERATOR	<u> </u>
9 Greenway Plaza, Suite 2700, Houston,TX	11. SEC., T., R., M. FORBLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 15, T25S, R37 E
AT SURFACE: 660 FSL, 330 FWL Sec. 15	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	-
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3090 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3090 GK
TEST WATER SHUT-OFF	- · · · · · · · · · · · · · · · · · · ·
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING TO TO TO THE TOTAL THE TOTAL TO THE	change on:Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	
other) Spud	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
Depth 1060', WOC 8-5/8, anh, 12-1/4 hole. Spi	id ran 27 Its 8-5/8 20# NII 46
set at 1060; Howco cmt w/400 sx c + 8% gel + 2	
CaCl + 1/4 FC, PD 7:20 PM 10-5-78, Cmt. Circ.	
Caci + 27 FC, FD 7:20 FM 10-3-70, Cmt. Circ.	And the second of the second o
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S. GEOLOGICAL SURVE	
S. GEOLOGICAL SUICO	
HUDE-1	

Subsurface Safety Valve: Manu. and Type

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

TITLE Authorized Agent DATE SIGNED

TITLE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

