			Form C-103
NO. OF COPIES RECEIVED			Supersedes Old
DISTRIBUTION		4	C-102 and C-103
	NEW MEXICO OIL CONSERVATION COMMIS	SION	Effective 1-1-65
SANTAFE		1	
FILE	Ucr () if its	 	5a. Indicate Type of Lease
U.S.G.S.		Mark Control	State X Fee
LAND OFFICE			5. State Oil & Gas Lease No.
			5. State on a series
OPERATOR			
SU	NDRY NOTICES AND REPORTS ON WELLS	SERVOIR.	
	NDRY NOTICES AND REPORTS ON WELLS OR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RE- LICATION FOR PERMIT _** (FORM C-101) FOR SUCH PROPOSALS.)		7. Unit Agreement Name
OIL GAS WELL	OTHER-	: - 	8. Form or Lease Name
2. Name of Operator		1	1 ···
	owetton	:	E.K. Queen Unit Tr. 8
Mobil Oil Corpo	77.801.011		9. Well No.
3. Address of Operator			
P. O. Box 633.	Midland, Texas 79701		10. Field and Pool, or Wildcat
4. <u>L</u> ood	, 2310 FEET FROM THE South LINE AND 66	O FEET FROM	E.K. Yates Seven Rivers
UNIT LETTER	FEET FROM THE DOGGET LINE AND		(1) (1) (1) (1) (4) (4)
			VIIIIIIIIX
West	SECTION 14 TOWNSHIP 18-S RANGE 33	E NMPM	<i>XIIIIIIIII</i>
THE THE LINE,			mmm millitillitilli
mmmmmm	15. Elevation (Show whether DF, RT, GR, etc.)		12. County
			Lea
	3922 DF		
16. Ch	eck Appropriate Box To Indicate Nature of Notice,	Report or O	ther Data
Cn	eck Appropriate Box to marginal	SUBSEQUEN	T REPORT OF:
NOTICE	OF INTENTION TO:		
	,	· —	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK		ALTERING CASING
F"	COMMENCE DRILLING	dPNS.	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	The same area and co		
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CE	WEN1 300 []	
	OTHER		
OTHER		<u> </u>	
	eted Operations (Clearly state all pertinent details, and give pertine	nt dates, includi	ig estimated date of starting any proposed
work) SEE RULE 1103.	eted Operations (Oscars)		
worn) 322 1132 - 1		1	
		nen Send.	
Perforate addi	tional perforation and stimulate Upper Q	meen name.	
	-		
	the last of my knowledge an	d belief.	
18. I hereby certify that the inf	formation above is true and complete to the best of my knowledge an	d belief.	
18. I hereby certify that the inf	0	i	20/0//0
18. I hereby certify that the inf	Authorized A	i	DATE 10/7/68
18. I hereby certify that the inf	formation above is true and complete to the best of my knowledge and	i	DATE 10/7/68
V Linch)	Authorized A	i	10/7/68
V Linch)	Authorized A	i	10/7/68
V Linch)	Authorized A	i	DATE 10/7/68
V Linch)	Authorized A	i	
SIGNED APPROVED BY	Authorized A	i	
SIGNED	Authorized A	i	