

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN  
(Other instructions  
reverse side)

Form approved.  
Budget Bureau No. 42-R1124.

5. LEASE DESIGNATION AND SERIAL NO.

N-7-04591

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 a dry well or reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Mobil Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 633, Midland Texas 79701

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

Unit Letter H, 1980 Feet from the North Line and 660 Feet from the East Line.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E K Queen Unit Tr.6

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

E K Yates 7 Rivers Queen

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

24-18S-33E

14. PERMIT NO.

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

3955 DF

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 ☐

Clean out and perforate

XX

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.)\*

ID 4407.

Clean out and log. Perforate 5' w/4 1/2" SPF in middle of Upper Queen. Perfs to be determined after logging.

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

SIGNED

TITLE Authorized Agent

DATE 1/30/67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side