2. N

14. PERMIT NO.

(Other)

UNITED STATES SUBMIT IN TRIPLICATE* OF THE INTERIOR (Other instructions 22 reverse side) Form approved. Budget Bureau No. 42-R142. 5. LEASE DESIGNATION AND SERIAL NO.

Form approved. Budget Bureau No. 42-R1424.

SURVET OR AREA

Lea

Sec. 21, T-185, R-335. 12. COUNTY OR PARISH 13. STATE

New Mex

| GEOLOGICAL SURVEY | N M 04591 |
|---|--------------------------------------|
| 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 EOP-DEMITT" for such proposals.) | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| | 7. UNIT AGREEMENT NAME |
| well GAS well CTHER X Water Injection | E. K. Queen |
| NAME OF OPERATOR | 8. FARM OR LEASE NAME |
| Mobil Cil Corporation | E K Queen Unit Tract #6 |
| ADDRESS OF OPERATOR | 9. WELL NO. |
| P. O. Box #633, Midland, Texas 79701 | Well #11 |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* | 10. FIELD AND POOL, OR WILDCAT |
| See also space 17 below.) At surface | E K Yates 7 Rivers Queer |
| | 11. SEC., T., R., M., OR ELK. AND |

| 16. | Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data | | | | | | | | |
|-----|---|-------------------------|----------------------|--|--|-----------------------|-----------------|-----------------|--|
| | NOT | NOTICE OF INTENTION TO: | | | | SUBS | EQUE | NT REPORT OF: | |
| | TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | | WATER SHUT-OFF | | REPAIRING WELL | |
| | FRACTURE TREAT | | MULTIPLE COMPLETE | | | FRACTURE TREATMENT | ; ; | ALTERING CASING | |
| | SHOOT OR ACIDIZE | | ABANDON* | | | SHOOTING OR ACIDIZING | -5 | ABANDONMENT* | |
| | REPAIR WELL |] 1 | CHANGE PLANS | | | (Other) Additional | LF | 31.1S | |

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

3958 DF

(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.) •

TD 44321. 4431 PBTD.

Unit Ltr I, 2310' F3L and 660' FEL

2/18/67. MIR% DA&S SD Unit. Pull 2" tbg - left Guib $5\frac{1}{2}$ tension pkr in hole. Reran tbg. Screwed into pkr. Pull tbg & pkr. McCullough Tool $^{\circ}$ 0 attempted to perf - gun stopped at 4321: worked to 4347. Ran 2-11/16 sd pump. C/O 42 liner 4336-4431. Then McCullough ran 3-1/8 gun stopped at top liner. Attempted to run 1-11/16 gun stopped at top of liner. Ran 3-5/8 bit & csg scraper. C/C 4336-4370/6 hrs. Ran sd pump to 4329 (11: fill up). C/O to 4340. Rec 8 gals sd. Tagged bottom. No Fill Up. Ran tbg & rods. Prep to test.

2/21/67. McCullough Tool C . perf Upper Queen 4365-4376 - 2 JSPF - 22 holes. Ran Guib $5\frac{1}{2}$ Shorty Tension pkr on fiber glass tbg. Tog at 4288. Pkr at 4259 w/ 14,000# tension. Job compl at 12:30 PM 2/21/67.

| . ~ // | | | · · · · · · · · · · · · · · · · · · · | |
|---|---------|------------------|---------------------------------------|---------|
| 18. I hereby certify that the freegoing is true and con | | Authorized Agent | DATE | 2/28/67 |
| (This space for Federal or State office use) | | APPA | OYZD | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE _ | 18 J.C. | DATE | |

MOCECO I L *See Instructions on Reverse Side 1. COUNTRY ENGINEER

112 El Cale