

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-9946	

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 FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection	7. Unit Agreement Name Northeast Caprock Queen Unit
2. Name of Operator MR Oil Company	8. Farm or Lease Name Northeast Caprock Queen Unit
3. Address of Operator Box 685, Monahans, Texas 79756	9. Well No. 1
4. Location of Well UNIT LETTER L, 990 FEET FROM THE West LINE AND 1650 FEET FROM THE South LINE, SECTION 16 TOWNSHIP 12S RANGE 32E NMPM.	10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4380 DF	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. Set 5½" Cast Iron Bridge Plug @ 2950'±
2. Dump or spot 35' cement on top of B.P.
3. Load hole with 9.5# brine mud.
4. Test casing to 500 psi.
5. Temporarily abandon for lease evaluation.

THE OPERATOR MUST BE NOTIFIED  
24 HOURS PRIOR TO COMMENCING WORK

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>Bill Murphy</u>	TITLE <u>Consultant</u>	DATE <u>9/10/84</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>SEP 17 1984</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

SEP 11 1984

G.C.D.  
HOBBS OFFICE