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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 - 1" (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. 25
4. Location of Well UNIT LETTER <u>D</u> , <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>23</u> TOWNSHIP <u>12S</u> RANGE <u>32E</u> NMPM.		10. Field and Pool, or Wildcat Caprock Queen
15. Elevation (Show whether DF, RT, GR, etc.) 4355 DF		12. County Lea

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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. Spot 100' cement plug (75 sks) in 9 5/8" casing @ 3000'.
2. Load hole with 9.5# brine mud.
3. Test casing to 500 psi.
4. Temporarily abandon for lease evaluation.

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

RECEIVED

SEP 14 1984

U.S. DEPT. OF JUSTICE
HONORARY OFFICE