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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 4-1-65

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 - <u>WII</u>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
2. Name of Operator <u>Mobil Oil Corporation</u>		5. State Oil & Gas Lease No.
3. Address of Operator <u>Box 633, Midland, Texas</u>		7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>K</u> , <u>1,650</u> FEET FROM THE <u>South</u> LINE AND <u>2,310</u> FEET FROM THE <u>West</u> LINE, SECTION <u>13</u> TOWNSHIP <u>18-N</u> RANGE <u>33-E</u> NMPM.		8. Farm or Lease Name <u>E. K. Queen Unit Tr. 12</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3,942</u>		9. Well No. <u>1</u>
		10. Field and Pool, or Wildcat <u>E. K. Yates 7 Rivers Queen</u>
		12. County <u>Lea</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <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.

E.K. Queen Unit Tract 12 Well #1

See attached workover summary

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

SIGNED [Signature] TITLE Authorized Agent DATE 11-27-68

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: