NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION $^{17}$ , $^{17}$	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee.
OPERATOR	$\mathbf{I}_{\mathbf{A}}$	5. State Oil & Gas Lease No.
SUND (DO NOT USE THIS FORM FOR P USE "APPLICA	ORY NOTICES AND REPORTS ON WELLS ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ATION FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1.		7. Unit Agreement Name
WELL GAS WELL	OTHER. WIW	
2. Name of Operator  Mobil Oi	1 Corporation	8. Farm or Lease Name E-K Queen Unit Tr. 10
3. Address of Operator		9. Well No.
P. O. Box #63	3, Midland, Texas	2
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTERO	660 FEET FROM THE South LINE AND 1980 FEET FROM	E-K Yates 7 Rivers Queen
THE East LINE, SECT	14 TOWNSHIP 18S RANGE NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea
16. Check	Appropriate Box To Indicate Nature of Notice, Report or Oth	per Data
		REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON PULL OR ALTER CASING	COMMENCE DRILLING OPNS.  CHANGE PLANS CASING TEST AND CEMENT JQB	PLUG AND ABANDONMENT
POEE ON ACTEN CASING		
OTHER	OTHER Convert to	WIW
		and here are a second here a second here are a second here a second here are a second here are a second here are a second here are a secon
	Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE'1105.		
csg in the main	Well Service Pole Unit. Rab GR-N Log from 3333 - Queen sd 4290-4300 w/ 2 JS/F, total 20 holes. Rest @ 4235 w/ 12000# tension. Install injection h	an 1 Jt = 2-3/6 " tbg $CL$
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18. I hereby certify that the information	on shove is true and complete to the best of my knowledge and belief.	
1/1/1/		
SIGNED // CALL	Authorized Agent	DATE 7/25/66
1/1		
	OFGINAL & THREE COFES	
APPROVED BY	ENGINEER PASSAGE WALL	DATE
	BUT ENTIRE BUILDE STATE OF THE TABLE OF TABLE OF THE TABLE OF THE TABLE OF T	

CONDITIONS OF APPROVAL, IF ANY: