

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1421.
5. LEASE DESIGNATION AND SERIAL NO.

NM-04591

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E-K Queen Unit Tr. 6

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

E-K Yates 7 Rivers Queen

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 14, T-18-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Mobil Oil Corporation

3. ADDRESS OF OPERATOR
Box 633, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit J, 1980' FSL & 1980' FEL, Sec. 14, T-18-S, R-33-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ET, GR, etc.)

3918 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☒

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Temporarily abandon effective 9-1-75.

Held for recompletion in Yates zone.

This approval of temporary
abandonment is hereby given
1975

18. I hereby certify that the foregoing is true and correct

SIGNED

Christine O. Tucker

TITLE

Authorized Agent

DATE

10-14-75

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

APPROVED

OCT 20 1975

ARTHUR R. BROWN
DISTRICT ENGINEER