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# NEW MEXICO OIL CONSERVATION COMMISSION, C.

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

JUL 25 11 '66

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-316
7. Unit Agreement Name
8. Farm or Lease Name E-K Queen Unit Tr. 7
9. Well No. 5
10. Field and Pool, or Wildcat E-K Yates 7 Rivers Queen
12. County Lea

## 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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- WIW
2. Name of Operator Mobil Oil Corporation
3. Address of Operator P. O. Box #633, Midland, Texas
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 23 TOWNSHIP 18S RANGE 33E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

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 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 checked="" type="checkbox"/> Convert to WIW

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.

4338 TD. Queen (4306-14).

7/10/66. MIRU SD Unit. Clean out and pull tubing. Ran Guiberson "Shorty" Tension Pkr on 2-3/8" C. L. Tubing w/ 1 Jt Fiber Glass Tbg below pkr-tbg @ 4263'. Pkr set at 4235 with 12000# tension. Install injection head.. Completed as WIW 7/11/66.

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 7/25/66

APPROVED BY [Signature] TITLE [Signature] DATE 11/66

CONDITIONS OF APPROVAL, IF ANY: