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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.		

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	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name E-K Queen Unit Tr. 6
3. Address of Operator P. O. Box #633, Midland, Texas	9. Well No. 1
4. Location of Well UNIT LETTER A , 660 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 24 TOWNSHIP 18S RANGE 33E NMPM.	10. Field and Pool, or Wildcat E-K Yates 7 Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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.

4398' TD. Queen OH (4371 - 4398)
6/29/66. MIRU Well Service Unit. Wellex ran GR-N Log 3383-4384. Ran 3½ sd pump. Ran Guiberson "Shorty" Tension pkr on 2-3/8" OD CL tbg to 4302. Set pkr w/ 14 points tension. Fiber Glass tail pipe at 4331. Install wellhead. Well Completed as WIW 6/29/66

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

SIGNED Eric F. Engstrom TITLE Authorized Agent DATE 7/8/66

APPROVED BY _____ TITLE BY: ERIC F. ENGSTROM DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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MEMBER DISTRICT No. 1