

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1404

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.

11

10. FIELD AND POOL, OR WILDCAT

E K Yates 7 Rivers Queen

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

24-18S-33E

12. COUNTY OR PARISH

Lea

New Mexico

1. OIL WELL ☐ GAS WELL ☒ OTHER Water Injection
FEB 7 11 09 AM '67

2. NAME OF OPERATOR
Mobil Oil Corporation

3. ADDRESS OF OPERATOR
P. O. 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 Letter I, 2310 Feet from the South Line and 660 Feet From the East Line.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3958 DF

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

Additional perforations XX

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.)*

TD 4432'

Perforate Upper Queen formation from 4365' to 4376' with 2 SPF and return to water injection.

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

SIGNED

TITLE

Authorized Agent

DATE

1/30/67

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side