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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 23 11 29 AM '68

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5b. 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. Unit Agreement Date
2. Name of Operator Mobil Oil Corporation		8. Form or Lease Name H.K. Queen Unit Tr. 9
3. Address of Operator Box 633, Midland, Texas		9. Well No. 1
4. Location of Well UNIT LETTER J 1980 FEET FROM THE South 1980 FEET FROM THE East 18 LINE, SECTION 18 TOWNSHIP 18-S RANGE 34-E N.M.P.M.		10. Field and Pool, or Well-leaf B.A. Yates Seven Rivers
11. Elevation (Show whether DF, RT, GR, etc.) 4074 Gr.		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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

See Attachment

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

SIGNED <u>J. J. McDaniel</u>	TITLE <u>Authorized Agent</u>	DATE <u>7-22-68</u>
APPROVED BY <u>Arthur W. Runyon</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		