

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

BUDGET BUREAU NO. 42-R-421

5. LEASE DESIGNATION AND SERIAL NO.

LC 065394-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

GEC GICAL SURVEY

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> WIW	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Mobil Oil Corporation	8. FARM OR LEASE NAME E-K Queen Unit, Tr. 4
3. ADDRESS OF OPERATOR Box 633, Midland, Texas 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E, 1980' FNL & 660' FWL, Sec. 18, T-18-S, R-34-E	10. FIELD AND POOL, OR WILDCAT E. K. Queen 7/Rivers
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T-18-S, R-34-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4043 GR	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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 11-1-74.

Held for recompletion in Yates zone.

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

SIGNED

TITLE Authorized Agent

DATE 10-14-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side

OCT 24 1974

JIM SIMS
ACTING DISTRICT ENGINEER