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				Form C-103 Supersedes Old
DISTRIBUTION				C-102 and C-103
SANTA FE	NEW MEXICO	OIL CO	NSERVATION COMMISSION	Effective 1-1-65
FILE				
U.S.G.S.				5a. Indicate Type of Lease
LAND OFFICE				State Fee XX
OPERATOR				5. State Oil & Gas Lease No.
SUNDR	Y NOTICES AND REPOSALS TO DRILL OR TO DEE	PEN CR PLU	N WELLS 6 BACK TO A DIFFERENT RESERVOIR.	
OTL GAS WELL WELL	OTHER.			7. Unit Agreement Name
. Manie of Operator	0.00			8. Farm or Lease Name
Mobil Oil Corporati	ON			E-K Queen Unit, Tr. 6
. Address of Operator				9. Well No.
Box 633, Midland, T	exas 79701		•	12
. Location of Well				10. Field and Pool, or Wildcat
UNIT LETTER F	1650	North	LINE AND 1549 FEET F	E. K. Queen 7/Rivers
JAN 28-11-A	TEEL PROM (HE.		FEET F	TITITITI MOR
West	19	18.	-S RANGE 34-E	
THE WEST CINE, SECTION	NTOWNSH	.IP	-5 RANGE 34-E NM	DEM. [[]][][][][][][][][][][][][][][][][][]
	TTT 15 Flevation (S	Show wheth	er DF, RT, GR, etc.)	12. County
	11111		4000 DF	
<i>İTILLI (1111)</i>	777777			Lea
Check A	Appropriate Box To l	Indicate	Nature of Notice, Report or	Other Data
	ITENTION TO:			ENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND A	LBANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON X		-	COMMENCE DRILLING OPNS.	<u></u>
PULL OR ALTER CASING	CHANGE PLA		71 ===	PLUG AND ABANDONMENT
PULL ON ALTER CASING	CHANGE PL	tho L.	CASING TEST AND CEMENT JOB	Γ
		۲	OTHER	
OTHER		L	J	
7. Describe Proposed or Completed Op	erations (Clearly state all	pertinent d	etails, and give pertinent dates, include	ling estimated date of starting any propose
work) SEE RULE 1103.	, , , , , , , , , , , , , , , , , , , ,		and gree permissing days, meral	and continue ca auto of starting any propose
Temporarily abandon	effective 11-1-	74.		
Held for recompleti	on in Yates zone	! •		
neta for recomplete	011 111 14 063 20116	•		
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8. I hereby certify that the information	above is true and complete	to the bes	t of my knowledge and belief.	
1 1 1 1 1 1 1	1)			
1 / Mel	1a. N		Authorized Agent	10-14-74
IGNED THE	1 WM	TITLE		DATE
	Tame, At a St. By			
\sim \sim	gr. T. sasat			. 1
PPROVED BY		TITLE		DATE

ONDITIONS OF APPROVAL, IF ANY: