

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.
5. LAND DESIGNATION AND SERIAL NO.N.M. 04591
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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 Box 633, Midland, Texas 79701	9. WELL NO. 16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P, 990' FSL & 660' FEL, Sec. 24, T-18-S, R-33-E 990	10. FIELD AND POOL, OR WILDCAT E. K. Queen 7/Rivers
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3945
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 24, T-18-S, R-33-E
	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

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 24 1974

*See Instructions on Reverse Side

JIM SIMS
ACTING DISTRICT ENGINEER