| NO. OF COPIES RECEIVED  |                            |                    |                    |                        | Form C-103                                  |   |      |                               |
|---|----------------------------|--------------------|--------------------|------------------------|---|---|------|-------------------------------|
| DISTRIBUTION  |                            |                    |                    |                        | Supersedes                                  |   |      |                               |
| SANTAFE   | NEW MEX                    | KICO OIL CONS      | SERVATION CO.      | MMISSION               | C+102 and C<br>Effective 1-                 |   |      |                               |
| FILE  |                            |                    |                    |                        |   |   |      |                               |
| u.s.g.s.  |                            |                    |                    |                        | Sa. Indicate Ty                             | pe of Lease                             |      |                               |
| LAND OFFICE   |                            |                    |                    |                        | State (XX)                                  | Fee,                                    |      |                               |
| OPERATOR  |                            |                    |                    |                        | 5, State Oil & C                            | as Lease No.                            |      |                               |
|   |                            |                    | ***                |                        |   |   |      |                               |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OF TO DEEPEN OR PLUG EACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) |                            |                    |                    |                        |   |   |      |                               |
|   |                            |                    |                    |                        |   |   |      | 1. OIL GAS D                  |
| WELL OTHER- WIW  2. Name of Operator  Mobil Oil Corporation  3. Address of Operator   |                            |                    |                    |                        | <u> </u>                                    |   |      |                               |
|   |                            |                    |                    |                        | 8. Farm or Lease Name E-K Queen Unit, Tr. 7 |   |      |                               |
|   |                            |                    |                    |                        |   |   |      | Box 633, Midland, Texas 79701 |
| 4. Location of Well   |                            |                    |                    |                        | 10. Field and P                             |   |      |                               |
| UNIT LETTER,_   | 2310 FEET FROM             | THE South          | LINE AND           | 330 FEET FROM          | E-K Queer                                   | n 7 Rivers                              |      |                               |
|   | •                          | _                  |                    |                        | WHIII)                                      |   | 1111 |                               |
| THE West LINE, SECTION 24 TOWNSHIP 18-S RANGE 33-E NIMPE  |                            |                    |                    |                        |   |   | 111, |                               |
| mmmmmm  | mm.                        | (St 1 - 1          | DE DE CU           | 1                      | Milli                                       | 44444                                   | أللك |                               |
|   | 111111 15. Elevano         |                    | DF, RT, GR, etc.   | )                      | 12. County                                  |   | ///  |                               |
| 3876 GR   |                            |                    |                    |                        | Lea   | _////////////////////////////////////// | 777, |                               |
| Chec  | k <b>Appropriate</b> Box 1 | To Indicate N      | lature of Noti     | ce, Report or Otl      | ner Data                                    |   |      |                               |
| NOTICE OF   | INTENTION TO:              |                    |                    | SUBSEQUENT             | REPORT OF                                   | :                                       |      |                               |
| <del></del>   |                            | <del></del> _      |                    | <u></u>                |   |   |      |                               |
| PERFORM REMEDIAL WORK   | PLUG A                     | ND ABANDON         | REMEDIAL WORK      |                        | ALTE  | RING CASING                             |      |                               |
| TEMPORARILY ABANDON XX  |                            |                    | COMMENCE DRILL     | .ING OPNS.             | PLUG  | AND ABANDONMENT                         |      |                               |
| PULL OR ALTER CASING  | CHANGI                     | E PLANS            | CASING TEST AND    | CEMENT JOB             |   |   |      |                               |
|   |                            | []                 | OTHER              |                        |   |   | _ [] |                               |
| OTHER   |                            |                    |                    |                        |   |   |      |                               |
| 17. Describe Proposed or Completed  | Operations (Clearly state  | all pertinent deta | ils, and give pert | inent dates, including | estimated date of                           | starting any prop                       | osed |                               |
| work) SEE RULE 1103.  |                            | 14                 |                    | ,                      |   | and the feature of                      |      |                               |
| Tamana a sa  | . 1                        | •                  |                    |                        |   |   |      |                               |
| Temporarily abar  | idon effective 1           | 1-1-約.             |                    |                        |   |   |      |                               |
| Na34 fan masan 1  | 1.43 2 V.4                 |                    |                    |                        |   |   |      |                               |
| Held for recompl  | etion in rates :           | zone.              |                    |                        |   |   |      |                               |
| 000 0000 00000  | lan waawaatad              |                    |                    |                        |   |   |      |                               |
| One year extensi  | on requested.              |                    |                    |                        |   |   |      |                               |
|   |                            |                    |                    |                        |   |   |      |                               |
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|   |                            |                    |                    |                        |   |   |      |                               |
|   |                            |                    |                    | 1                      |   |   |      |                               |
|   |                            |                    |                    | Expires                | 10-1  | '- X,                                   |      |                               |
|   |                            | `                  |                    | C KJUW                 | 10 1  | . •                                     |      |                               |
|   |                            | •                  | •                  | ,                      |   |   |      |                               |
|   |                            |                    |                    |                        |   |   |      |                               |
|   |                            |                    |                    |                        |   |   |      |                               |
| 18. I hereby certify that the informat  | ion above is true and comp | lete to the best o | f my knowledge a   | nd belief.             |   | <del></del>                             |      |                               |
| Original Sign   | ed by:                     |                    |                    |                        |   |   |      |                               |
| SIGNED (Mrs.) Christine   | •                          | TITLE              | Authorize          | d Agent                | DATE 1                                      | lO-14-75                                |      |                               |
|   |                            |                    |                    |                        |   |   | ===  |                               |
|   |                            | <b>∩</b> ∵r-       | T ~~ ~             |                        | i'.   | g Ng. ag and all a second               |      |                               |
| APPROVED BY 1. Mrs.   | Section                    | STITLE OL          | PERVION            | · _                    | DATE  | 21 1975                                 |      |                               |
| CONDITIONS OF APPROVAL IF A   | NY:                        |                    |                    |                        |   |   |      |                               |
| J. HOLLOW DE VELLON AND THE V.  | ****                       |                    |                    | The second             |   |   |      |                               |
|   |                            |                    |                    |                        |   |   |      |                               |