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NEW MEXICO OIL CONSERVATION COMMISSION

MAY 22 1 32 PM '68

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

5a. Indicate Type of Lease
State ☐ Fee ☒

5. 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"/>	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name E.K. Queen Unit Tr. 7
3. Address of Operator P.O. Box 633. Midland, Texas	9. Well No. 6
4. Location of Well UNIT LETTER <u>L</u> , <u>2310</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>24</u> TOWNSHIP <u>18S</u> RANGE <u>33E</u> N.M.P.M.	10. Field and Pool, or Wildcat E.K. Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3876 Gr.	12. County LEA

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☒
CASING TEST AND CEMENT JOB ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

E. K. Queen Unit Tr. 7 Well # 6

5-18-68

Leatherwood Drlg Spudded in @ 4.00 PM 5-18-68

Ran 355' of 8-5/8" Casing 20# J-55 ST&C, Cemented on Bottom By Howco W/250X incore neat cement W/ 2% HA5, Plug Down @ 7.00 AM 5-19-68, Cement Circ. WOC total 24 Hrs., Tested 8-5/8" Csg. & BOP's W/ 1,000# 30 Min OK.

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

SIGNED [Signature] TITLE Authorized Agent DATE 5-21-68

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: