

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved
Bureau Order No. 42 R1124
LEAD IDENTIFICATION AND SERIAL NO.
LC-032511-B

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"/> <u>Water Injection Well</u>	7. UNIT AGREEMENT NAME <u>Langlie Mattix Queen Unit</u>
2. NAME OF OPERATOR <u>Mobil Oil Corporation</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>Box 633 Midland, Texas 79701</u>	9. WELL NO. <u>21</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit L, 1980 FSL & 660 FWL of Sec. 14, T-25-S, R-37-E</u>	10. FIELD AND POOL, OR WILDCAT <u>Langlie Mattix Queen</u>
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 14, T-25-S, R-37-E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3110 DF</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>New Mexico</u>

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) Plug back in same zone

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.)*

See attached Completed Operations:

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

SIGNED

Camell

TITLE

Authorized Agent

DATE

9-17-71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DALLAS, NEW MEXICO
SEP 20 1971

RECEIVED

SEP 21 1971

OIL CONSERVATION COMM.
HOBBS, N. M.