Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION 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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☐   OTHER *Water Injection Well*

7. UNIT AGREEMENT NAME
Langlie Mattix Queen Unit

2. NAME OF OPERATOR
Mobil Oil Corporation

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
Box 633, Midland, Texas 79701

9. WELL NO.
21

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit L, 1980 FSL and 660 FWL of Sec. 14, T-25-S, R-37-E

10. FIELD AND POOL, OR WILDCAT
Langlie Mattix Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T-25-S, R-37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3110 DF

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	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐

(Other) *Plug back in Same Zone* ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(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 Procedure.

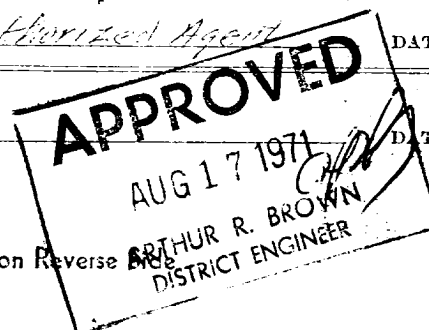18. I hereby certify that the foregoing is true and correct

SIGNED *C A Mills*   TITLE *Authorized Agent*   DATE *8-16-71*

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 17 1971
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side