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LAND OFFICE		
OPERATOR		

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 Humphrey Queen Unit
2. Name of Operator Mobil Producing TX. & N.M. Inc.	8. Farm or Lease Name
3. Address of Operator Nine Greenway Plaza, Suite 2700, Houston, Texas 77046	9. Well No. 14
4. Location of Well UNIT LETTER <u>I</u> <u>467</u> FEET FROM THE <u>East</u> LINE AND <u>2230</u> FEET FROM THE <u>South</u> LINE, SECTION <u>4</u> TOWNSHIP <u>25S</u> RANGE <u>37E</u> N.M.P.M.	10. Field and Pool, or Wildcat Langlie Mattix Seven Rivers Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3169 GR	12. County Lea

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/> (Extension)	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER _____	<input type="checkbox"/>

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 1503.

This well was shut in 12/31/82, uneconomical to produce. NMOCD authority was granted 02/07/83 to retain this well in a temporarily abandoned status for future use in the Humphrey Queen Unit Waterflood Project.

Request extension of temporary abandoned status for another year.

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

SIGNED Paula A. Collins TITLE Authorized Agent DATE 02/16/84

APPROVED BY JERRY SEXTON DISTRICT SUPERVISOR TITLE _____ DATE FEB 20 1984

CONDITIONS OF APPROVAL, IF ANY: Expires 2/7/85 (2nd)