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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 TO DRILL" (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 Humphrey Queen Unit
3. Address of Operator Box 633, Midland, Texas 79701	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>25-S</u> RANGE <u>37-E</u> N.M.P.M.	10. Field and Pool, or Wildcat Queen Langlie Mattix 7 Rivers
15. Elevation (Show whether DF, RT, GR, etc.) 3169 GR	12. County Lea

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"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <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"/>	

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.

Temporarily abandon effective 10-1-75.

Hold for active secondary recovery project.

Expires 10/1/76

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

SIGNED <u>[Signature]</u>	TITLE <u>Authorized Agent</u>	DATE <u>10-14-75</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR DISTRICT 1</u>	DATE <u>10-14-75</u>
CONDITIONS OF APPROVAL, IF ANY:		