

(May 1965)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SCHEMATIC IN TRIPLICATE*
(Other Instructions on Reverse Side)

Budget Category No. 42-R1429

5. LEASE DESIGNATION AND SERIAL NO.

1.C-0823 91 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> NEW		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Midland Corporation		8. FARM OR LEASE NAME Humphrey (Queen Unit)	
3. ADDRESS OF OPERATOR Box 633, Midland, Texas 79701		9. WELL NO. 19	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P, 1315' FSL + 100' FSL, Sec. 3, T-25-S, R-37-E, Lea County, New Mexico		10. FIELD AND POOL, OR WILDCAT Lander Mites Queen	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3157 GR.	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 3, T-25-S, R-37-E	
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <u>Toplog their zone</u> <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Toplog their zone</u> <input checked="" type="checkbox"/>	

(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 Christine O. Tucker

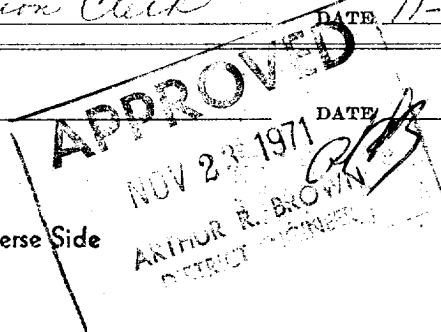
TITLE Production Clerk

DATE 11-23-71

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side