

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIP DATE\*  
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032522 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

P. O. Box 633, Midland, Texas 79701

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

Unit P, 1315' <sup>S</sup> & 100' <sup>E</sup> NWL, Sec. 3, T-25-S, R-37-E  
Lea County, New Mexico

7. UNIT ADDRESS

8. FARM OR LEASE NAME

Humphrey Queen Unit

9. WELL NO.

19

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

3, T-25-S, R-37-E

14. PERMIT NO.

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

3157 Gr.

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 ☐

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) Drilled Deeper & Converted to ☒ W.I.

(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 Daily Operation Summary

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

SIGNED

(This space for Federal or State office use)

TITLE Authorized Agent

DATE 12-10-69

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side