

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. IS INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL GAS WELL OTHER

7. UNIT ADDRESS

2. NAME OF OPERATOR

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR

Humphrey Queen Unit

P. O. 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

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix Queen

Unit P, 1315' ^SFWL & 100' ^EFWL, Sec. 3, T-25-S, R-37-E
Lea County, New Mexico

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.)

12. COUNTY OR PARISH 13. STATE

3157 Gr.

Lea

New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(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

J. McDaniel

TITLE

Authorized Agent

DATE 12-10-69

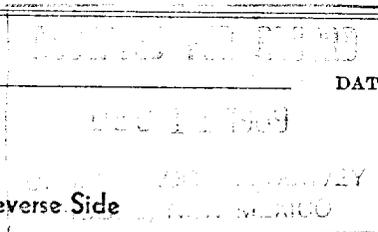
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side