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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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: Water Supply Well	7. Unit Agreement Name
2. Name of Operator Mobil Oil Corporation	8. Farm or Lease Name Humphrey Queen Unit
3. Address of Operator P.O. Box 633, Midland, Texas	9. Well No. 26
4. Location of Well UNIT LETTER F 2420 FEET FROM THE North LINE AND 2200 FEET FROM THE West LINE, SECTION 3 TOWNSHIP 25-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix (Grayburg)
15. Elevation (Show whether DF, RT, GR, etc.) 3146 Gr.	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Install Reda Pump ☒

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.

HUMPHREY QUEEN UNIT #10, UNIT WELL #26, 4800 TD.
10/16 Ran Reda pump motor, 7-3/8" OD X 25' long, Reda pump 6 1/2" OD X 21' long, type I-300 on 80 jts & 1 6' sub, 5 1/2" used 15.50# J-55 LT&C cement lined tbg, started pump to pumping, rig down & rel Clarke Well Service DD unit @ 4:30 p.m. 10-15-69, rel well to production.

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

SIGNED [Signature] TITLE Authorized Agent DATE 10-16-69

APPROVED BY [Signature] TITLE DATE

CONDITIONS OF APPROVAL, IF ANY: