NO. OF COPIES RECEIVED					Form C-103			
DISTRIBUTION	7					Supersedes Old		
SANTAFE	NEW MEXICO OIL CONSERVATION COMMISSION				C-102 and C-103 Effective 1-1-65			
FILE	7				2	03		
U.S.G.S.	₫			Ţ.	Sa. Indicate Typ	e of Lease		
LAND OFFICE	7				State	Fee.	\square	
OPERATOR	7				5. State Oil & G			
							- 1	
SUNDI (DO NOT USE THIS FORM FOR PR USE "MPPLICA	RY NOTICES AND RE	PORTS ON	WELLS ACK TO A DIFFERENT RESERVOIS H PROPOSALS.)					
OIL GAS WELL WELL	OTHER- (1/11)				7. Unit Agreeme	nt Name		
Name of Operator	1		· 		8. Farm or Leas	e Name		
Mobil oil Corporation					Langlie Mattix QueenUT			
Address of Operator Box 6 3 3, Midland, Texas 74701					9. Well No.	2-	-	
. Location of Well	MICIONS	1-2×2 S	77707		10. Field and Fo	pol, or Wildcat		
UNIT LETTER	440 FEET FROM THE	South	LINE AND 12.2.0	FEET FROM	44444	444	X777	
THE WEST LINE, SECTION // TOWNSHIP 25.5 RANGE 37-F NMPM.								
	15. Elevation	(Show whether	DF, RT, GR, etc.)		12. County	4444	1111	
			6,		1,04		/////	
6. Chark	Appropriate Box To		ature of Notice, Repo	et or Otho			~~~	
	Appropriate Box To INTENTION TO:	indicate N	-		REPORT OF	:		
PERFORM REMEDIAL WORK	PLUG AND	ABANDON	REMEDIAL WORK		ALTE	RING CASING		
TEMPORAHILY ABANDON	, 200		COMMENCE DRILLING OPHS.	Ħ		AND ABANDONMEN	., H	
PULL OR ALTER CASING	CHANGE P	LANS	CASING TEST AND CEMENT JOS			And Adamsoniii a		
- See on Aller one inc	*******		OTHER					
OTHER		[-]				,		
7. Describe Proposed or Completed C work) SEE RULE 1103.	perations (Clearly state al	l pertinent deta	ils, and give pertinent dates,	including es	stimated date of	starting any pro	posed	
Plug Thie FZ	ONE AND A	eidije						
	•							
								
8. I hereby certify that the informatio	n above is true and comple	te to the best o	f my knowledge and belief.					
and the self in	\	D	+ 1	17		, , , , , , , , , , , , , , , , , , , ,		
IGNED TO THE TOTAL OF THE TOTAL	WY	TITLE PA	oration cless		DATE 2-	1/-77-		
	0.1. ~							
$\mathcal{A} = \mathcal{A}$	Orig. Signed by				<i>[</i>]	E8 14 1	972	
PPROVED BY	Joe D. Ramey	TITLE			DATE		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ONDITIONS OF APPROVAL, IF AN	Dist. I, Supv.		•					