

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-33628
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Beretta 26 State Com
8. Well Number 1
9. OGRID Number 14744
10. Pool name or Wildcat Turkey Track: Morrow North 86500

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. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>	RECEIVED
2. Name of Operator Mewbourne Oil Company	JAN 21 2005
3. Address of Operator PO Box 5270 Hobbs, NM 88240	OCU-ARTESIA

4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>N</u> line and <u>1650</u> feet from the <u>E</u> line Section <u>26</u> Township <u>18S</u> Range <u>28E</u> NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3476' GL	

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type	Depth to Groundwater
Distance from nearest fresh water well	
Distance from nearest surface water	
Pit Liner Thickness:	mil
Below-Grade Tank:	Volume
bbls; Construction Material	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
CASING/CEMENT JOB <input checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>	

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01/11/05...MI & spud 17 1/2" hole. TD'd hole @ 300'. Ran 300' 13 3/8" 48# H40 ST&C csg. Cemented with 200 sks BJ Lite Poz Class C with additives. Mixed @ 12.5 #/g w/ 1.98 yd. Tail with 200 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 128 sks to pit. WOC 18 hrs. At 12:01 pm on 01/11/05, tested BOPE and casing to 1250# for 30 minutes, held OK. Drilled out with 12 1/4" bit.

01/17/05...TD'ed 12 1/4" hole @ 3014'. Ran 3014' 9 5/8" 40# N80/K55 LT&C Csg. Cemented with 850 sks BJ Lite C with additives. Mixed @ 12.5 /g w/ 1.96 yd. Tail with 400 sks Class "C" with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Circ 100 sks to pit. WOC 18 hrs. At 9:30 pm on 01/19/05, test BOPE to 5000#, annular to 2500# and 9 5/8" casing to 1500# for 30 minutes as required. All equipment passed. Charts and schematic attached. Drilled out with 8 3/4" bit.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Kristi Green TITLE Hobbs Regulatory DATE 01/20/05

Type or print name Kristi Green
For State Use Only

E-mail address:

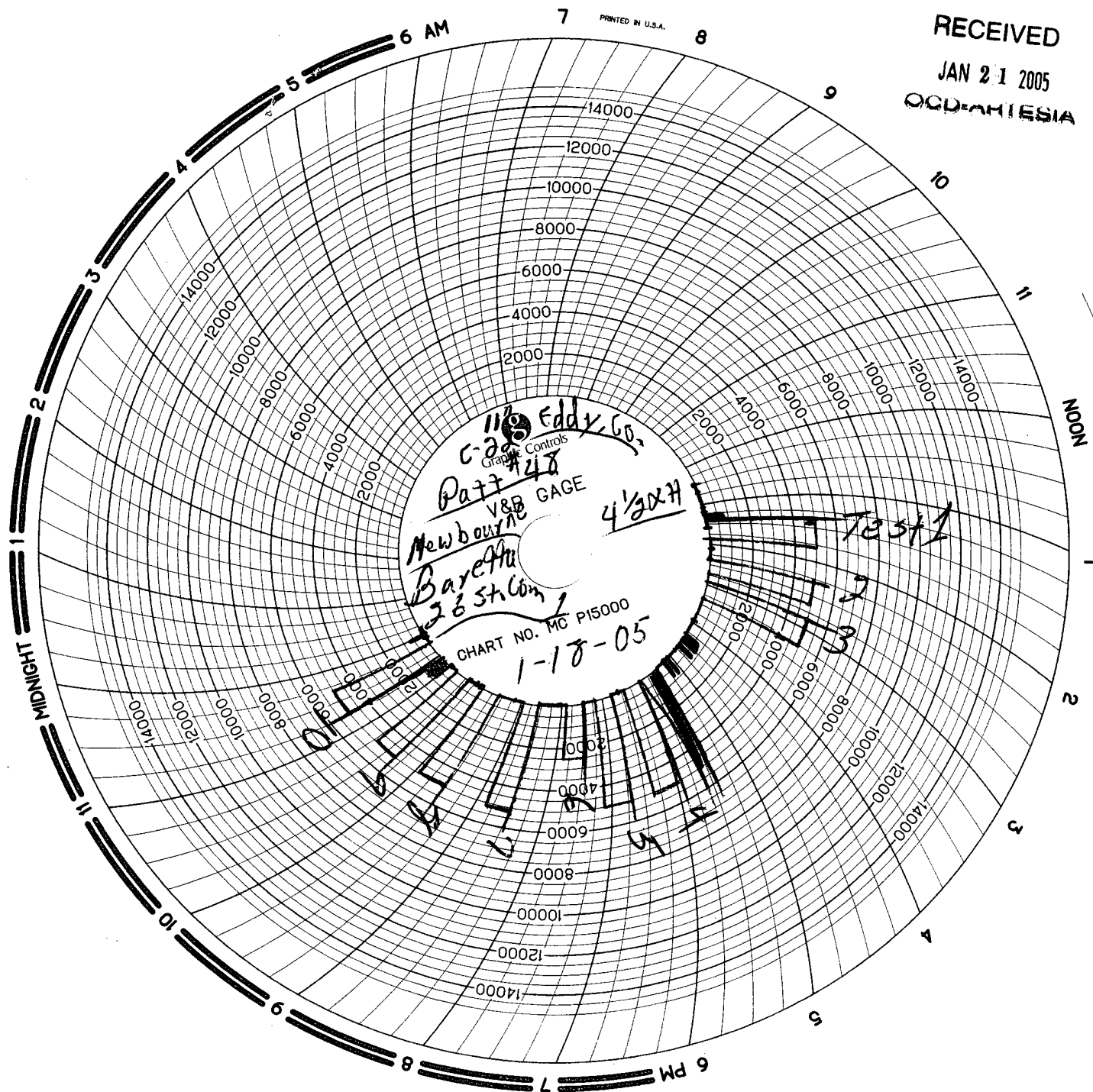
Telephone No. 505-393-5905

FOR RECORDS ONLY

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

RECEIVED
JAN 21 2005
OCC-AMTESIA



MAN WELDING SERVICES, INC

Company MENBOURNE Date 1-18-05
Lease Baretta²⁶ St. com 1 County Eddy
Drilling Contractor Pat. UTI #48 Plug & Drill Pipe Size 11" C-72 / 4 1/2 XH

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTLES (III.A.2.c.i. or ii or iii)

RECEIVED

JAN 21 2005

000-01151A

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! (Shut off all pumps)
- 1. Open HCR Valve. (If applicable)
- 2. Close annular.
- 3. Close **all** pipe rams.
- 4. Open one set of the pipe rams to simulate closing the blind ram.
- 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
- 6. Record remaining pressure 1500 psi. Test Fails if pressure is lower than required.
- a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
- 7. If annular is closed, open it at this time and close HCR.

To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (gauge needle will drop at the lowest bottle pressure)
- 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
- 3. Record pressure drop 1000 psi. Test fails if pressure drops below minimum.
- Minimum: a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

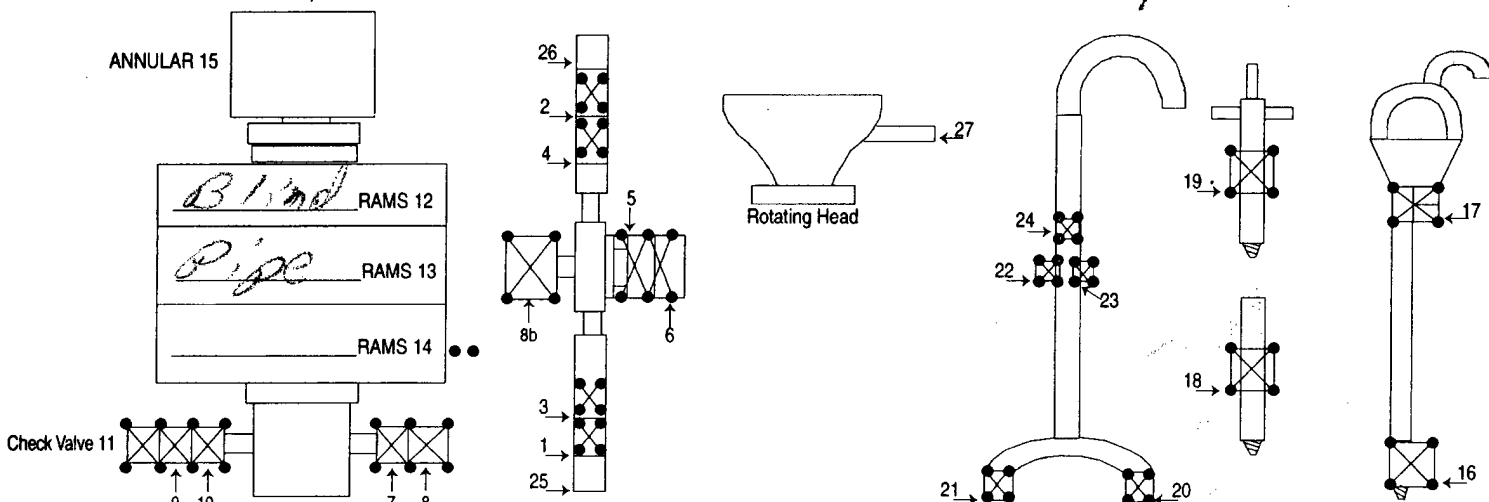
- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
- 1. Open the HCR valve, {if applicable}
- 2. Close annular
- 3. With **pumps** only, time how long it takes to regain the required manifold pressure.
- 4. Record elapsed time 1:37.5. Test fails if it takes over 2 minutes.
- a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}

BUS: 505 396-4540 • FAX: 505 396-0044



NO B 3855

Casing Valve Opened yes Check Valve Open yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 6, 9, 12	15 Min		5000	Had to work Pipe
2	1, 2, 5, 10, 12	15		5000	Rams. O.K.
3	3, 4, 5, 10, 12	15		5000	
4	8, 11, 13	15		5000	
5	7, 11, 13	15		5000	
6	4, 11, 15	15		2500	
7	19	15		5000	
8	18	15		5000	
9	16	15		5000	
10	17	15		5000	
					#8 IS HCR Valve
					#25 IS Super Choke

8 HR@ 900.00
HR@
Mileage Methanol \$1,00.00

SUB TOTAL 1000.00
TAX 53.75
TOTAL 1053.75