Submit 3 Copies To Appropriate District	State of New	Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		May 27, 2004
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.
District II	OIL CONSERVATION DIVISION		30-015-33469
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410			STATE X FEE
District IV	Santa Fe, N	M 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	•		
<u> </u>		OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Pierce Crossing 36 State
1. Type of Well: Oil Well	Gas Well X Other	RECEIVED	8. Well Number 1
2. Name of Operator			9. OGRID Number
Mewbourne Oil Company		JUL 0 7 2005	14744
3. Address of Operator	1	OCD-AMTEAL	10. Pool name or Wildcat
PO Box 5270 Hobbs, NM 882	40	त का सार् व्यवस्तात	10. Pool name or Wildcat Owen Mesa Atoka 82370
4. Well Location	1		
Unit Letter D	: 830 feet from the	V line and	845 feet from the W line
Section 36	Township 24S		NMPM Eddy County
Pit or Below-grade Tank Application			
		Construction and Dige	
	lwaterDistance from nearest f		
Pit Liner Thickness: m	il Below-Grade Tank: Volume	bbls; Co	nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K ☐ ALTERING CASING ☐
	CHANGE PLANS	COMMENCE DRI	
] CHANGE PLANS []	COMMENCE DIVI	LEING OFNS FANDA
PULL OR ALTER CASING [MULTIPLE COMPL	CASING/CEMENT	T JOB
OTHER:]	OTHER: Add	Atoka 🛛
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.			
Temporary isolate Atoka perfs at	11342' to 13420'. Perforate addi	tional Atoka perfs at 1298	32' to 12992'. Test for production and PWOL.
I hereby certify that the information grade tank has been/will be constructed SIGNATURE	or closed according to NMOCD guide	the best of my knowledg lines □, a general permit □ LE_Hobbs Regulatory	e and belief. I further certify that any pit or below- or an (attached) alternative OCD-approved plan
Type or print name Kristi Gree	v en	E-mail address:	Telephone No. 505-393-5905
For State Use Only	TIM W. GUM		111 07 2000
APPROVED BY: DIS Conditions of Approval (if any):	TRICT IT SUPERVISOR	LE	DATE
Transition of ripprover (if entry).	Sim W. Dur L: SIL Suse		
Ne	trust IL sagge	was	