

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0135
Expires: January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS
**Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.**

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
Mewbourne Oil Company 14744

3a. Address
PO Box 5270 Hobbs, NM 88240

3b. Phone No. (include area code)
505-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
660' FSL & 1175' FWL Unit M Sec 10-T18S-R31E

5. Lease Serial No.

NM-89880

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

34108

8. Well Name and No.

Tamano 10 Fed Com #5

9. API Well No.

30-015-34239

10. Field and Pool, or Exploratory Area

Bone Spring

11. County or Parish, State

Eddy County, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input checked="" type="checkbox"/> Water Disposal | |

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Water is produced from the Bone Spring formation at approx 52 BPD. The water is stored on lease in a water tank. The water is trucked from the lease by Judah Oil Company to the Oxy T-Bone Federal SWD located at NE/NW, Sec 33-T18S-R31E. Attached is the latest water analysis.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Kristi Green

Title Hobbs Regulatory

Signature

Date 11/07/05

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Continued on next page)



BJ SERVICES

Water Analysis

Date: 31-Oct-05

2708 West County Road, Hobbs NM 88240

Phone (505) 392-3536 Fax (505) 392-7307

Analyzed For

Company	Well Name	County	State
Mewbourne	Tamano 10 # 5	Lea	New Mexico

Sample Source	Swab Sample	Sample #	1
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Formation	Depth
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Specific Gravity	1.100	SG @ 60 °F	1.100
pH	6.35	Sulfides	Absent
Temperature (°F)	62	Reducing Agents	

Cations

Sodium (Calc)	in Mg/L	41,633	in PPM	37,835
Calcium	in Mg/L	8,000	in PPM	7,270
Magnesium	in Mg/L	960	in PPM	872
Soluble Iron (FE2)	in Mg/L	100.0	in PPM	91

Anions

Chlorides	in Mg/L	80,000	in PPM	72,701
Sulfates	in Mg/L	1,125	in PPM	1,022
Bicarbonates	in Mg/L	244	in PPM	222
Total Hardness (as CaCO3)	in Mg/L	24,000	in PPM	21,810
Total Dissolved Solids (Calc)	in Mg/L	132,062	in PPM	120,013
Equivalent NaCl Concentration	in Mg/L	119,758	in PPM	108,831

Scaling Tendencies

*Calcium Carbonate Index	1,952,000
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Below 500,000 Remote / 500,000 - 1,000,000 Possible / Above 1,000,000 Probable

*Calcium Sulfate (Gyp) Index	9,000,000
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Below 500,000 Remote / 500,000 - 10,000,000 Possible / Above 10,000,000 Probable

*This Calculation is only an approximation and is only valid before treatment of a well or several weeks after treatment.

Remarks	W= .07@62f
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Report #	2029
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