

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

OCD-ARTESIA

**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 **DEC 10 2008**  
☒ Oil Well ☐ Gas Well ☐ Other  
2 Name of Operator **OCD-ARTESIA**  
Mewbourne Oil Company 14744  
3a Address 3b Phone No. (include area code)  
PO Box 5270 Hobbs, NM 88241 575-393-5905  
4 Location of Well (Footage, Sec., T, R, M, or Survey Description)  
330' FNL & 700' FEL, Sec 28-T16S-R28E Unit Letter A

Use Serial No  
NM-83066  
6 If Indian, Allottee or Tribe Name  
7 If Unit or CA/Agreement, Name and/or No  
8 Well Name and No  
Crow Flats 27 Federal #1 H  
9 API Well No  
30-015-36732  
10 Field and Pool, or Exploratory Area  
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	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other Spud & cmt
	<input checked="" 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 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.)

11/08/08.. MI & spud 17 1/2" hole. TD hole at 506'. Ran 506' 13 3/8" 48# H40 ST&C csg. Cemented with 550 sks Class C with additives. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 4:45 pm 11/10/08. Circ 100 sks to pits. At 2:15 pm 11/11/08, tested 13 3/8" csg to & BOPE to 1250# for 30 minutes, held OK. Drilled out with 8 3/4" bit.

11/24/08..TD'ed 8 3/4" hole @ 5800'. Ran 5800' 7" 26# HCP110 LT&C Csg. Cemented with 850 sks BJ Lite Class H (35:65:6) with additives. Mixed @ 12.5# /g w/ 2.05 yd. Tail w/400 sks Class H Neat. Mixed @ 15.6 #/g w/ 1.18 yd. Plug down @ 12:00 pm 11/24/08. Circ 56 sks to pit. Tested BOPE to 5000# and annular to 2500# (equipment passed). At 3:30 pm on 11/26/08, tested casing to 1500# for 30 mins, held OK. Chart & schematic attached. Drilled out with 6 1/8" bit.

ACCEPTED FOR RECORD

DEC 10 2008

Gerry Guye, Deputy Field Inspector  
NMCD BLM/HARTESIA

ACCEPTED FOR RECORD

DEC 7 2008

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

Jackie Lathan

Title Hobbs Regulatory

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

Signature

Jackie Lathan

Date 12/01/08

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.

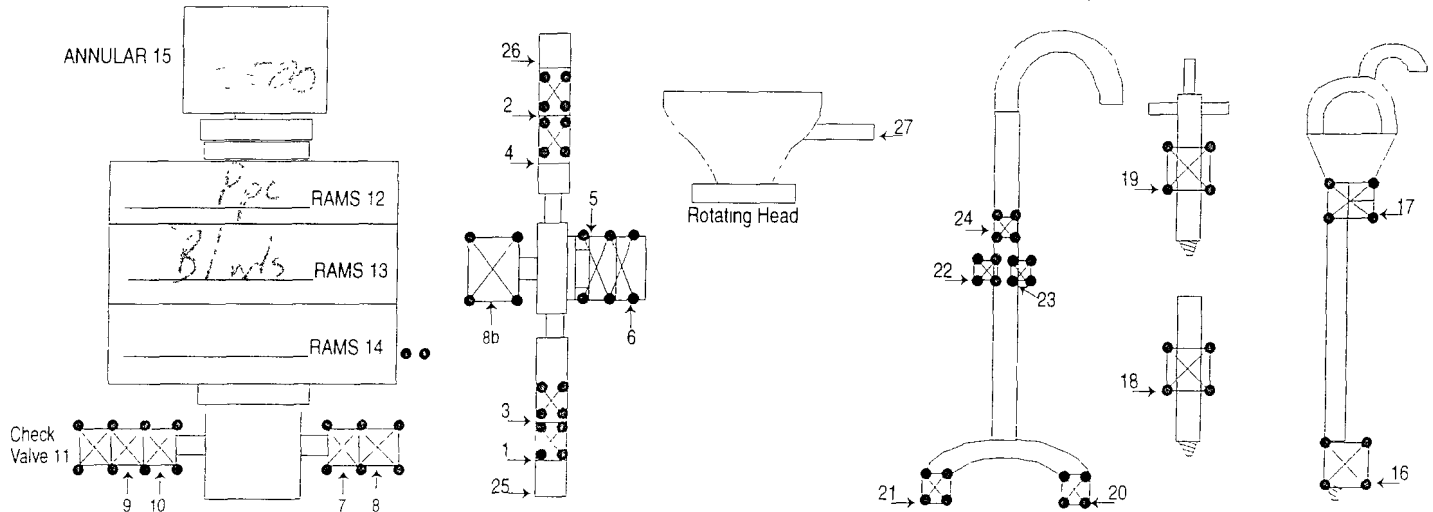
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**Lovington, NM**  
**575-396-4540**

## B 89-5

Company \_\_\_\_\_ Date 7-20-98 Start Time 6:30 ☒ am ☐ pm  
Lease \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Company Man \_\_\_\_\_  
Wellhead Vendor \_\_\_\_\_ Tester \_\_\_\_\_  
Drlg. Contractor \_\_\_\_\_ Rig # \_\_\_\_\_  
Tool Pusher \_\_\_\_\_  
Plug Type C 22 Plug Size 1 1/2" Drill Pipe Size 3 1/2"  
Casing Valve Opened Yes Check Valve Open Yes

[illegible]

\_\_\_\_\_ HR@ \_\_\_\_\_  
 \_\_\_\_\_ HR@ \_\_\_\_\_  
 Mileage \_\_\_\_\_ @ \_\_\_\_\_

MASTER PRINTERS 575 396 3661

SUB TOTAL 517.00  
TAX 11.15  
TOTAL 528.15

# MAN WELDING SERVICES, INC

Company Man Welding Services, Inc Date 11/11/11

Lease 11/11/11 County 11/11/11

Drilling Contractor Patterson 45 Plug & Drill Pipe Size 11/11/11

## Accumulator Function Test - OO&GO#2

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

- 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** 1350 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.

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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}

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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** 1.5 minutes. **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}

