Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

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

Expires: January 31, 2004					
. Lease Serial No.					
NM-14758					
If Indian Allottee or Tribe Name					

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

SUBMIT IN TR	IPLICATE - Other instru	ctions on reve	rse side	7. If Unit or CA/Ag	reement, Name and/or No.
Oil Well Gas Well	8. Well Name and No.				
2. Name of Operator	Long Draw 4 JL Federal #1H				
Mewbourne Oil Company 147	44			9. API Well No.	
3a. Address 3b.		3b. Phone No. (include area code)		30-015-37585	
PO Box 5270 Hobbs, NM 88241		575-393-5905		10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)			Cemetery Yeso 11. County or Parish, State		
1650' FSL & 1650' FEL, Sec 4-	T20S-R25E Unit Letter J			Eddy County, N	
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NAT	TURE OF NOTICE, R	<del>/</del>	
TYPE OF SUBMISSION		1.00			
<ul><li>☑ Notice of Intent</li><li>☐ Subsequent Report</li><li>☐ Final Abandonment Notice</li></ul>	Acidize  ☐ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	Deepen Fracture Treat New Constructio Plug and Abando Plug Back	<b>=</b>	w □ o	ater Shut-Off  Cell Integrity  ther
Attach the Bond under which the following completion of the invo	n approved APD for the above	ide the Bond No. on a caults in a multiple of filed only after all re-	file with BLM/BIA. Require ompletion or recompletion in quirements, including reclar ter further review, we wo	ed subsequent reports an a new interval, a For mation, have been com	shall be filed within 30 days m 3160-4 shall be filed once appleted, and the operator has
Mewbourne wishes to rescind th	e casing change sundry that wa	s approved 10/05/1	0.	AP	PROVED
If you have any questions please	call Levi Jackson @ 575-393-		ECEIVED NOV 2 9 2010 OCD ARTESIA	N JA	OV 2 1 2010 AMES A. AMOS PERVISOR-EPS
14. 1 hereby certify that the foregoing Name (PrintedlTyped)	g is true and correct				
Jackie Lathan		Title	Hobbs Regulatory		
Signature	· Latha	Date	11/09/10		
			STATE OFFICE USE	100	
Approved by (Signature)			Name (Printed/Typed)	Title	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	attached. Approval of this notice I or equitable title to those rights onduct operations thereon.	does not warrant or in the subject lease	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.



