Submit 3 Copies to Appropriate District Office

State of New Mexico Ener Vinerals and Natural Resources Department

Form	C	-103
Revise	ьđ	1-1-5

DISTRICT I P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION 310 Old Santa Fe Trail, Room 206

WELL API NO. 30-015-21385

DISTRICT III 1000 Rio Brizzos Rd., Azzec, NM \$7410 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"	STATE FEE 6. State Oil & Gas Lease No. 1-322 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"	7. Lease Name or Unit Agreement Name
(FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL GAS WELL WELL OTHER	State "B" Comm.
2. Name of Operator Mewbourne Oil Company	8. Well No.
3. Address of Operator P.O. BOX 5270 - Hobbs, New Mexico 88241	9. Pool name or Wildcat N. Dagger Draw-Upper Penn
4. Well Location Unit Letter B: 660 Feet From The North Line and 1980	Feet From The East Lin
Service 33 Township 195 Range 25E	NMPM Eddy County
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
Check Appropriate Box to Indicate Nature of Notice, R NOTICE OF INTENTION TO: SUE	eport, or Other Data SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING CASING TEST AND CE	_
OTHER: OTHER: Plugback	
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, inc. work) SEE RULE 1103.	
12-1-94 Set a CIBP @8730 and dumped 35' cement over C Artesia) 12-2-94 Perforated 7676-7720 with 4 spf.	
12-3-94 Acidized perforations with 5500 gallons 20% H 12-6-94 Ran submersible pump to 7631'. Initial produ	ction: 500 BO 2000 BN 750 MCF
	FE2" 0 1995
	Part Comments of the Comment of the
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE District Ma	DAIE
TYPE OR PRINT NAME Kelly Ryan	505-393-5905 TELEPHONE NO.
(This space for State Use) OSIGNAL TORRESPOND TO THE WILLIAM TITLE	APR 1 0 1995

CONDITIONS OF AFFROVAL, IF ANY: