

CISF
49

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-015-30416
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. LG5173
Lease Name or Unit Agreement Name Baldrige Canyon "12" State Com
Well No. 1
Pool name or Wildcat Baldrige Canyon Morrow

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 (FORM C-101) FOR SUCH PROPOSALS.)

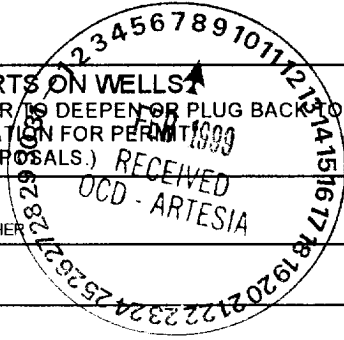
Type of Well: OIL WELL GAS WELL OTHER _____

Name of Operator
Mewbourne Oil Company

Address of Operator
P. O. Box 5270, Hobbs, NM 88241

Well Location
Unit Letter C 990 Feet From The North Line and 1650 Feet From The West Line
Section 12 Township 24S Range 24E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)
4014' GR



11 Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ANBANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

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.
Add Morrow perforations 10,398' to 10,420'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Jerry Elgin TITLE District Manager DATE 02-03-99

TYPE OR PRINT NAME Jerry Elgin TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 2-8-99

CONDITIONS OF APPROVAL, IF ANY:

SUPERVISOR, DISTRICT II