

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.

NM 9218

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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—" for such proposals.)

|   |  |  |                         |
|---|--|--|-------------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 7. UNIT AGREEMENT NAME   |                         |
| 2. NAME OF OPERATOR<br>Mewbourne Oil Company  |  | 8. FARM OR LEASE NAME<br>Federal "F"                           |                         |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 7698, Tyler, Texas 75711  |  | 9. WELL NO.<br>1   |                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1650' FSL and 990' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Querecho Plains-Queen Assoc. |                         |
| 14. PERMIT NO.  |  | 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br>3768.8'      |                         |
|   |  | 12. COUNTY OR PARISH<br>Lea                                    | 13. STATE<br>New Mexico |

10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                             |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>           | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>       | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>    | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) Re-classify Well <input type="checkbox"/> |  |

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Change from a gas well to an oil well. Form C-102 attached.

RECEIVED

NOV 12 1982

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Exploration Secretary DATE October 1, 1982

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 19 1982

FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR  
See Instructions on Reverse Side

RECEIVED  
NOV 23 1982  
D. C.  
HOLDS BRUCE