Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-05679

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Huston Com.

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

2. Name of Operator: MEWBOURNE OIL COMPANY

8. Well No. #1

3. Address of Operator: P.O Box 5270 Hobbs, NM 88240

9. Pool name or Wildcat: Eumont Yates 7 Rivers, Queen

4. Well Location
Unit Letter K : 1650 Feet From The South Line and 1830 Feet From The West Line
Section 21 Township 19-S Range 37-E NMPM Lea County

10. Elevation (*Show whether DF, RKB, RT, GR, etc.*)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[X]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. 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.

9-26-97 MIRU Sierra Well Service POH w/ tbg. Displace hole w/ MLF Set CIBP @ 4110'. Dumped 25 sx cmt on CIBP w/ dump bailer. Perf 4 squeeze holes @ 1400' per OCD. RIH w/ packer & squeezed holes to 875 psi w/ 75 sx cmt. POH w/ tbg. WOC. RIH & tagged cmt @ 1320'. Perf squeeze holes @ 400'. Broke Circ. & bullheaded 150 sx cmt down 5½" csg. Circ cmt. to surface.

9-27-97 Cutoff and cap wellhead. Installed Marker.

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

SIGNATURE Brent Thurman TITLE Engineer DATE 11-12-97

TYPE OR PRINT NAME Brent Thurman TELEPHONE NO. 505-393-5905

(This space for State Use)

APPROVED BY Larry W. Hill TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: