

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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 30-025-05679
5. Indicate Type of Lease STATE ☒ 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)

1. Type of Well: OIL WELL ☐ GAS WELL ☒ OTHER ☐	7. Lease Name or Unit Agreement Name Huston Comm.
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 <u>K</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>1830</u> Feet From The <u>West</u> Line Section <u>21</u> Township <u>19 S</u> Range <u>37 E</u> 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 ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Stimulate Well ☒

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.

8/21/96 MIRU. POOH w/tbg. Had 3500" 2 3/8" tbg. RIH w/CCL. Bottom 5 1/2" csg @ 3474'. Set down @ 3502'. RIH w/gauge ring to 3502'. SDFN.
8/22/96 RIH w/tbg. POOH & LD tbg. FU 2 3/8" tbg. RTTS pkr & RBP. Set RBP @ 3388'. Set RTTS & RBP. RIH w/overshot to fish tbg. Unsuccessful. SDFN.
8/23/96 RIH w/tbg. Set open-ended @ 3451'. Swabbed well down. Put down sales line. RDMO.

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

SIGNATURE Scott S. Gruns TITLE Engineer DATE 9-4-96
TYPE OR PRINT NAME Scott S. Gruns TELEPHONE NO. 393-5905

(This space for State Use)

ORIGINAL FILED BY DEPT. SECRETARY

SEP 09 1996

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 18 11

