

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 10-4610-1  
FPMR (41 CFR) 101-11.6

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil Well     Gas Well     Other Injection Well

2. Name of Operator

Mewbourne Oil Company

3. Address and Telephone No.

P.O. Box 5270 Hobbs, New Mexico 88240 (505) 393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1650' FSL & 1980' FWL  
Sec. 27-T18S-R32E

5. Lease Designation and Section

NM 6863

6. If Indian Allotment or Trust Land

7. If Unit or CA, Agreement Designation

8. Well Name and No

OPOASU 7-2

9. API Well No.

30-025-24382

10. Field and Pool, or Exploratory Area

Querecho Plains Queens

11. County or Parish, State

Lea County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Casing Integ. Test</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

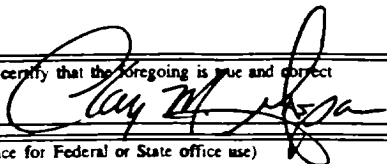
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

07/14/94 Informed OCD and BLM to Testing Plans.

07/19/94 Pressured up casing to 300# with 2% KCL water. Held for 30 minutes.  
Copy of chart attached.

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

Signed



Title

Engineer

Date

07/20/94

(This space for Federal or State office use)

Approved by

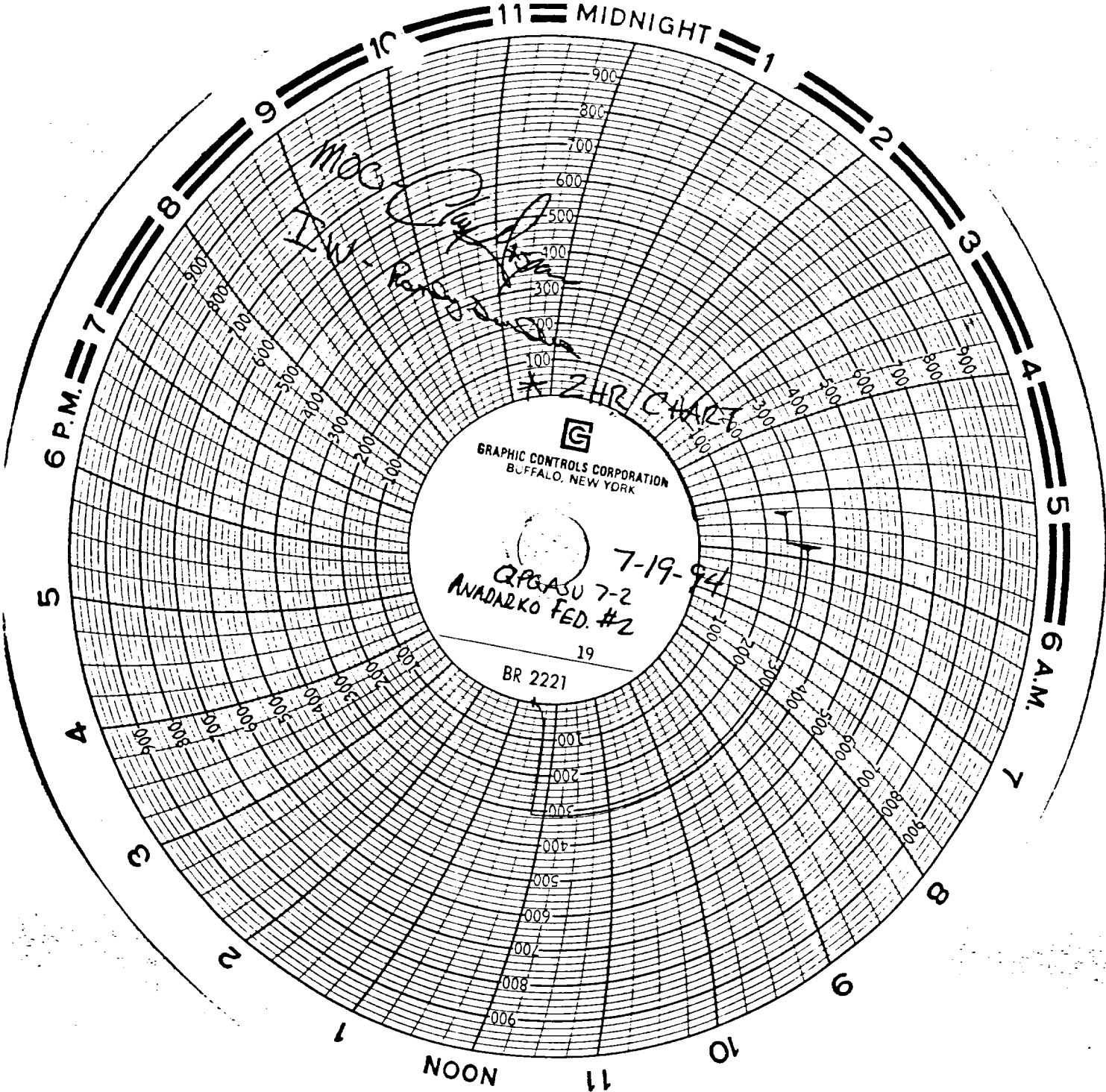
Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

7-19-94  
QPGASU 7-2  
ANADARKO FED. #2

BR 2221