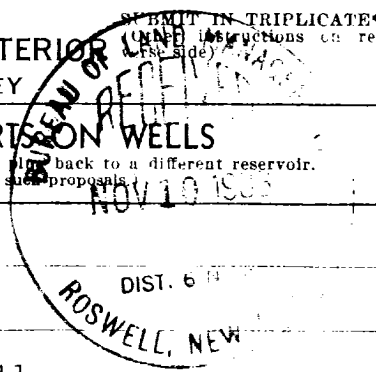


**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

Form approved.  
Budget Bureau No. 42-R1424.



**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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM 4609</b>	
2. NAME OF OPERATOR <b>Mewbourne Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 7698, Tyler, Texas 75711</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  <b>990' FWL &amp; 2310' FNL</b>		8. FARM OR LEASE NAME <b>Federal "E"</b>	
14. PERMIT NO.		9. WELL NO. <b>3</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3740' GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Querecho Plains-Queer (Associated)</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>27-18S-32E</b>	
		12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>N.M.</b>

16. 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 checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	
(Other) _____		(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 markets and zones pertinent to this work.)\*

11/2/83

Rigged up Western and acidized Penrose with 3000 gals 15% HCL, dropping 47 RCNB's. Min press 2600#, max press 3400# avg press 2800# at 4.2 BPM. Rigged up Western and fraced with 39,000 gals Mini-Max III-30 containing 50,500# 20/40 mesh sand and 12,000# 12/20 mesh sand in concentrations from 1/2# gal to 4# gal. Screened out with 4# gal 12/20 mesh on perfs.

18. I hereby certify that the foregoing is true and correct  
 SIGNED *Peter W. Chester* TITLE Exploration Secretary DATE 11/8/83

(This space for Federal or State official use)  
**APPROVED**

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:

**DEC 9 1983**

RECEIVED

DEC 12 1983

G.C.D.  
HOBSB OFFICE