Form 3160-5 (September 2001)

(Continued on next page)

## UNITED STATES N.M. Oil Cons. DIV-Dist.

| DEPARTMENT OF THE INTERSORT BUREAU OF LAND MANAGEMENT | W. Grand Avenu | 16 |
|---|----------------|----|
| BUREAU OF LAND MANAGEMENT                             | . 1114 00040   | 5. |

SUNDRY NOTICES AND REPORTS OF THESIS, NM 88210

Do not use this form for proposals to drill or to re-enter an

abandoned well the form 2460 2 (488) for any to re-enter an

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

| Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. |   |   |   | 6. If I          | ndian, Allot             | ttee or Tribe Nam                      | ie                   |
|---|---|---|---|------------------|--------------------------|--|----------------------|
| SUBMIT IN TR  | IPLICATE - Other instruc  | cilons on reverse   | side i in   | 7. If U          | Init or CA/A             | Agreement, Name                        | and/or No.           |
| 1. Type of Well   |   |   |   | 3340             |                          | ······································ |                      |
| Oil Well Gas Well   | Other   |   |   | 4                | ll Name an               | -12                                    |                      |
| <ol> <li>Name of Operator</li> <li>Mewbourne Oil Company 147-</li> </ol>  | 744   |   |   |                  | ro 20 Fede<br>I Well No. |  |                      |
| 3a. Address   | 44  | 3b. Phone No. (include  | area code)  | t                | 15-33512                 |  |                      |
|   | 2240  | 505-393-5905  | RECEIVE   |                  |                          | I, or Exploratory                      | Area                 |
| PO Box 5270 Hobbs, NM 88<br>4. Location of Well (Footage, Sec.,   |   | [303-393-3903   |   | Dub              |                          | Morrow 76140                           |                      |
| , ,   |   |   | SEP 0 8 2004  | 3 1              | ounty or Par             | rish, State                            |                      |
| 1880' FNL & 990' FEL, Sec 20  | 1-T22S-R28E Unit Letter H   |   | OGD:ARTE  | Bladia           | , NM                     |  |                      |
| 12. CHECK API   | PROPRIATE BOX(ES) TO  | INDICATE NATUR  | E OF NOTICE, RI   | EPORT            | r, or ot                 | HER DATA                               |                      |
| TYPE OF SUBMISSION  |   | TYI   | PE OF ACTION  |                  |                          |  |                      |
|   |   | Deepen  | Production (Start   | /Resume          |                          | Water Shut-Off                         |                      |
| Notice of Intent  | Alter Casing  | Fracture Treat  | ☐ Reclamation   |                  |                          | Well Integrity                         | 1,500                |
| Subsequent Report   | Casing Repair   | New Construction  | Recomplete  |                  | $\Delta$                 | Other Casing a                         | nd TOC               |
| Final Abandonment Notice  | Change Plans  | Plug and Abandon  | Temporarily Aba   | andon            |                          |  | <del></del>          |
| Describe Proposed or Complete   |   | Plug Back   | Water Disposal  |                  |                          |  |                      |
| testing has been completed. Fin determined that the site is ready  08/28/04TD'd 8 3/4" hole @ 12                        | 2530'. Ran 12530' 5 ½" 17# HC<br>k. Tail with 650 sks Class "H" v                                   | filed only after all require P110/N80 LT&C csg. with additives. Mixed ( | ments, including reclar<br>Cement with 400 sks<br>@ 15.1 ppg, yield 1.2 | Class " 28 cuft/ | H" with ad               | Iditives. Mixed own at 3:30 pm.        | @ 12.5               |
| 14. 1 hereby certify that the foregoin  | ng is true and correct  |   |   |                  |                          | NGINEER                                |                      |
| Name (PrintedlTyped)  | *:  | Title   |   |                  |                          |  |                      |
| Kristi Green  | <u>a</u>  | Thre Ho   | bbs Regulatory Asst   |                  |                          |  |                      |
| Signature Huste   | - Aucro   | NAME OF TAXABLE PARTY OF THE PARTY.                                     | 03/04   | Wheel and        | and the second second    |  |                      |
|   | A THIS SPACE FO   | IRFEDERALIOR ST   |   |                  |                          |  | 1945<br>1945<br>1945 |
| Approved by (Signature)   |   | Nai<br>(Prin  | ne<br>nted/Typed)   |                  | Title                    |  |                      |
| Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c        | attached. Approval of this notice al or equitable title to those rights conduct operations thereon. | does not warrant or in the subject lease                                | ĭce   |                  |                          | Date                                   | -                    |
| Title 18 U.S.C. Section 1001 and Tit<br>States any false, fictitious or fraudule  | tle 43 U.S.C. Section 1212, make it<br>ent statements or representations as                         | t a crime for any person ke<br>to any matter within its jur             | nowingly and willfully t  | o make           | to any depar             | rtment or agency                       | of the United        |