

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
**Do not use this form for proposals to drill or to re-enter an
abandoned well. Use Form 3160-3 (APD) for such proposals.**

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator
Mewbourne Oil Company 14744

3a. Address
PO Box 5270 Hobbs, NM 88240

3b. Phone No. (include area code)
505-393-5905

4. Location of Well (Footage, Sec., T, R., M., or Survey Description)
660' FNL & 1980' FWL Unit C Sec 18-T20S-R29E

5. Lease Serial No.

NMNM-01165

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Derringer 18 Federal #1

9. API Well No.

30-015-34362

10. Field and Pool, or Exploratory Area

East Burton Flat Morrow 73320

11. County or Parish, State

Eddy County, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Chloride Content</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

3. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Attached report indicates chloride levels from samples obtained from the flowline as per the requirements of the NMOCd while drilling from the deep surface casing setting depth at 1100' to the intermediate casing setting depth at 3100'. If you have any questions, please call Terry Bruke at 393-5905 (office) or 390-7169 (cell).

cc: Bryan Arrant (OCD)

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Kristi Green

Title Hobbs Regulatory

Signature

Kristi Green

Date 11/07/05

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Date

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

(Continued on next page)

CHLORIDE Check Derringer 18 Fed # 1

Depth	Chloride
1000	9,600
1100	8,900
1200	10,000
1300	10,000
1400	10,200
1500	10,000
1600	10,100
1700	10,000
1800	10,000 Started Lossing Fluid
1900	8,500 Halling Water
2000	NA Loss Complete Circulation
2100	3,800 Partical Returns
2200	3,000 Halling Water
2300	2,400 Halling Water
2400	2,300 Halling Water
2500	2,800 Halling Water
2600	2,600 Halling Water
2700	3,000 Halling Water
2800	2,800 Halling Water
2900	2,000 Halling Water
3000	2,900
3100	3,000