

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

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.*

*Spud (or other) Well, Gas Well, Other (Specify)*

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' FSL & 960' FWL, Sec 29-T18S-R30E Unit Letter M

5. Lease Serial No.  
 NM-27282

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
 Santo Nino 29 Federal Com #7

9. API Well No.  
 30-015-33996

10. Field and Pool, or Exploratory Area  
 Santo Nino Bone Spring 54600

11. County or Parish, State  
 Eddy Co 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>Spud, Csg &amp; BOPE</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	test _____
	<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 reclamatiion, have been completed, and the operator has determined that the site is ready for final inspection.)

09/30/06...MI and spud 17 1/2" hole. TD'd 17 1/2" hole @ 400'. Ran 400' of 13 3/8" 48# H40 ST&C csg. Cemented with 250 sks BJ Lite Class C (35:65:6) with additives. Mixed @ 12.5 #/g with 1.98 cf/sk yd. Tail with 200 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g with 1.34 cf/sk yd. Plug down at 7:15 pm 09/29/06. Circulate 65 sks to pit. WOC 18 hrs. At 2:00 pm 09/30/06, tested 13 3/8" casing to 1250# for 30 mins as required. All held OK. Charts and schematic attached. Drilled out with 12 1/4" bit.

10/03/06...TD'ed 12 1/4" hole @ 2020'. Ran 2020' 8 5/8" 32# J55 LT&C Csg. Cemented with 600 sks BJ Lite C (35:65:6) with additives. Mixed @ 12.5 #/g w/ 1.96 yd. Tail with 400 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down at 11:30 am 10/03/06. Circ 95 sks to pit. WOC 18 hrs. Tested BOPE to 3000# & annular to 1500#. At 7:00 pm on 10/04/06, test 8 5/8" casing to 1500# for 30 minutes as required. All equipment passed. Drilled out with 7 7/8" bit.

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

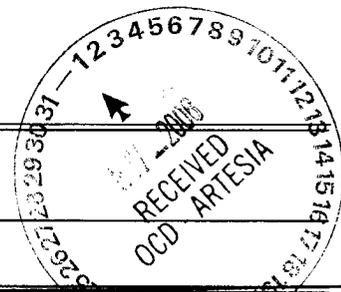
Kristi Green

Title Hobbs Regulatory

Signature

*Kristi Green*

Date 10/11/06



THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

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

OCT 27 2006

*Wesley W. Ingram*  
 WESLEY W. INGRAM  
 PETROLEUM ENGINEER

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)

Accepted for record - NMOCD

11/04/06

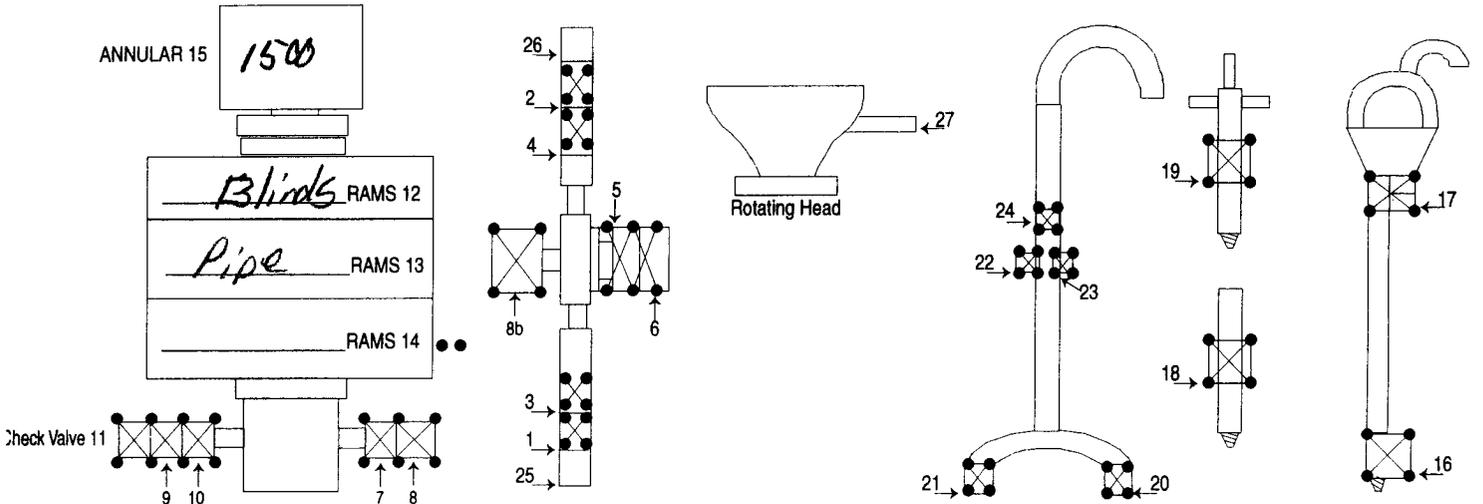
# MAN WELDING SERVICES, INC.

P.O. Box 1541 • Lovington, N.M. 88260  
 BUS: 505 396-4540 • FAX: 505 396-0044



INVOICE  
 No B 5890

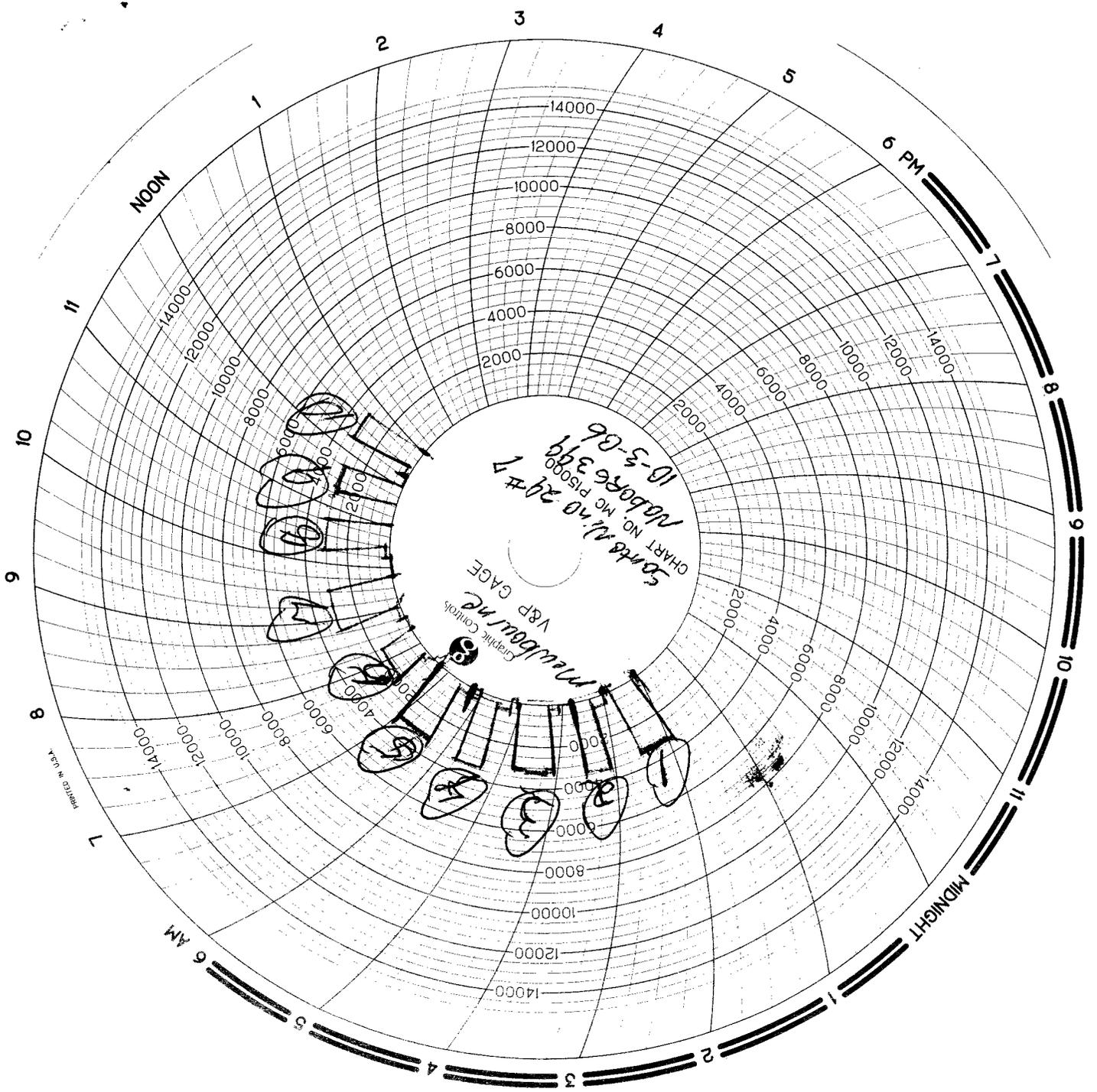
Company Mewbourne Date 10-3-06 Start Time 9:00  am  pm  
 Lease Santo Niño 29#7 County Eddy State N.M.  
 Company Man Robin Terrel  
 Wellhead Vendor \_\_\_\_\_ Tester Mike Anthony  
 Drlg. Contractor Nabors Rig # 399  
 Tool Pusher \_\_\_\_\_  
 Plug Type C-22 Plug Size 11" Drill Pipe Size 4 1/2" IF  
 Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	25, 26, 6, 11, 12	5/10	250	3000	
2	1, 2, 5, 9, 12	5/10	250	3000	
3	3, 4, 5, 10, 12	5/10	250	3000	
4	8, 10, 13	5/10	250	3000	
5	7, 10, 13	5/10	250	3000	
6	7, 10, 15	5/10	250	1500	
7	18	5/10	250	3000	
8	19	5/10	250	3000	
9	16	5/10	250	3000	
10	17	5/10	250	3000	

8 HR @ 1000<sup>00</sup>  
 5 HR @ 1000<sup>00</sup>  
 Mileage 102 @ 1<sup>00</sup>

SUB TOTAL 1602<sup>00</sup>  
 TAX 86<sup>10</sup>  
 TOTAL 1688<sup>10</sup>



MADE IN U.S.A.