

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.

SEP 22 2009

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 88241

3b. Phone No. (include area code)

575-393-5905

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

810' FNL & 790' FWL, Sec 10-T20S-R25E Unit Letter D

5. Lease Serial No

NMNM-14758

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.

Long Draw 10 DFederal #1

9. API Well No.

30-015-37251

10. Field and Pool, or Exploratory Area

Undesignated Yeso

11. County or Parish, State

Eddy County, NM

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

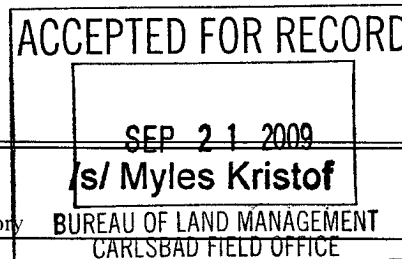
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> 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 Spud, csg & TD
	<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.)

08/28/09..MI & spud 11" hole. Lost returns @ 325'. Pumped heavy LCM sweep & regained returns. Continue drlg w/partial returns. Ran 863' 8 5/8" 24# J55 ST&C csg. Cemented with 100 sks Thixsad Class H with additives. Mixed @ 14.6 #/g w/ 1.52 yd. Tail with 400 sks Class C with 2% CaCl2. Mixed @ 14.8 #/g w/ 1.34 yd. Plug down @ 12:30 am 08/30/09. Circ 10 sks cement to pit. WOC 18 hrs. At 6:00 pm on 08/30/09, tested casing to 1500# for 30 minutes, held OK. Chart & schematic attached. Drilled out with 7 7/8" bit.

09/02/09 TD'ed 7 7/8" hole @ 3135'. Ran 3135' 4 1/2" 11.6# J55 LT&C csg. Cemented w/300 sks BJ Lite Class C (50:50:10) with additives. Mixed @ 11.5 /g w/2.71 yd. Tail with 350 sks Class C with additives. Mixed @ 14.8 /g w/1.33 yd. Plug down @ 2:45 pm 09/02/09. Circ 100 sks cement to pit. Tested csg to 1550# for 30 mins, held OK. Set casing slips w/30k.

09/02/09...Released rig at 9:00 pm.



14 I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Jackie Lathan

Title Hobbs Regulatory

Signature

Date 09/10/09

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (Signature)

Name
(Printed/Typed)

Title

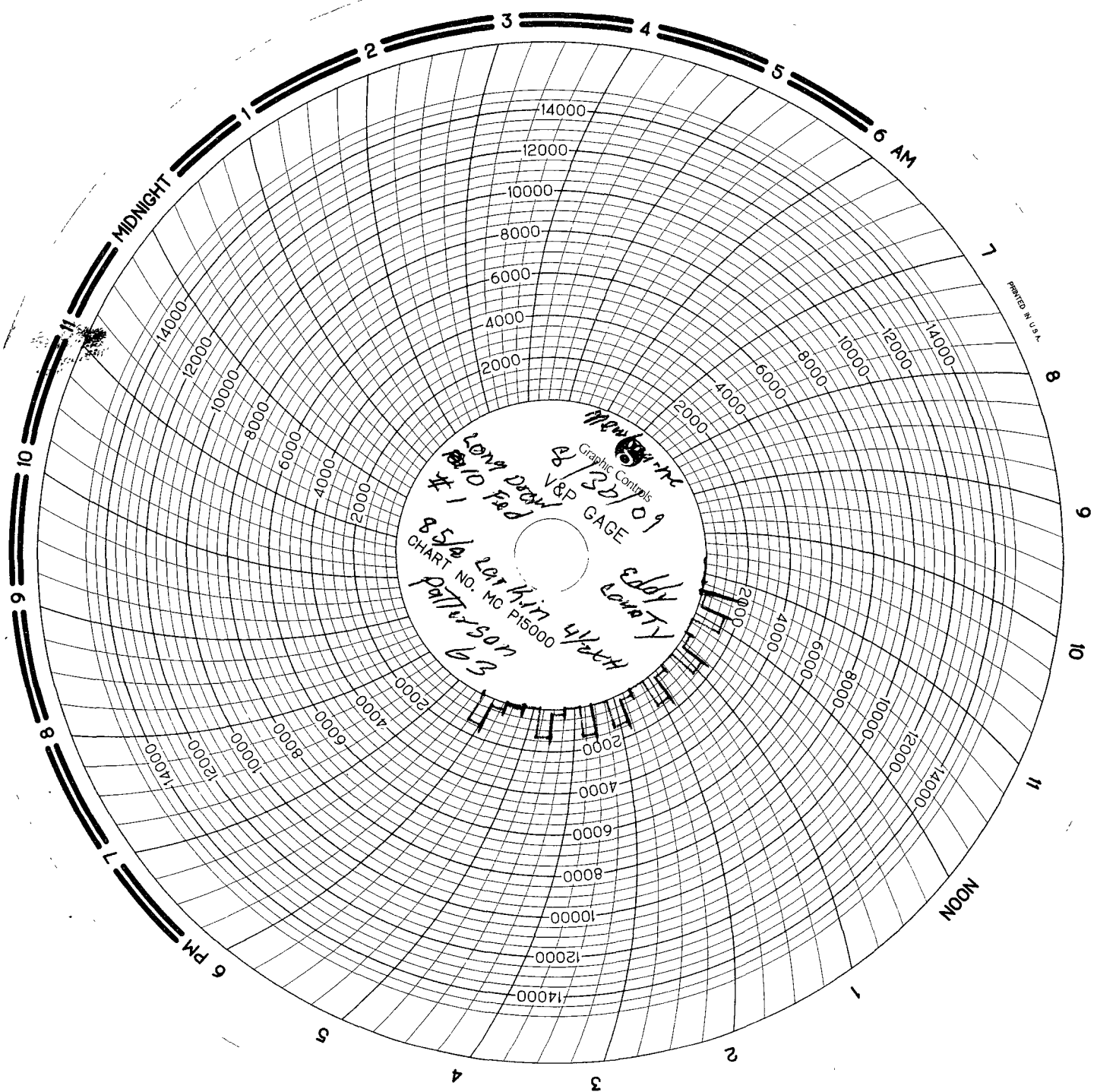
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

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)



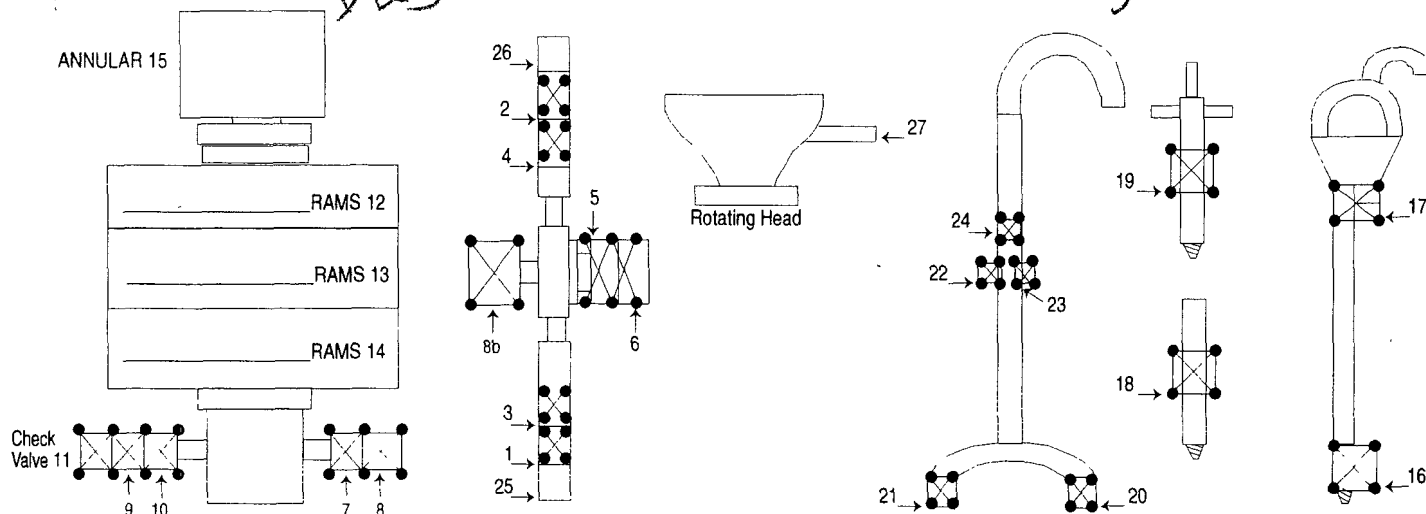
Long Beach, CA
CHART NO. 15000
Patterson 63
854 Lat Kin 4144H
Eddy County
GAGE
V&P
8/30/09
New York, NY
Graphic Controls



INVOICE

№ B09783

Company Murray Dourna Date 0506 Start Time 1000 ☒ am ☐ pm
Lease Long Draw 10 Fed #1 County Eddy State NM
Company Man _____
Wellhead Vendor _____ Tester Tim Bryant
Drig. Contractor Patterson Rig # 63
Tool Pusher _____
Plug Type Larkun Plug Size 85/8 Drill Pipe Size 4 1/2 x H
Casing Valve Opened yes Check Valve Open yes

[illegible]

SUB TOTAL 796.00

TAX	4278
TOTAL	83878

MAN WELDING SERVICES, INC

Company Mowbourne Date 8 30 09
Lease Long Draw 10 Fed #1 County Eddy
Drilling Contractor Patterson 63 Plug & Drill Pipe Size Larkin 8 5/8 4 1/2 x 11

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTTLES (III.A.2.c.i. or ii or iii)

- Make sure all rams and annular are open and if applicable HCR is closed.
- Ensure accumulator is pumped up to working pressure! (**Shut off all pumps**)
 1. Open HCR Valve. (If applicable)
 2. Close annular.
 3. Close **all** pipe rams.
 4. Open one set of the pipe rams to simulate closing the blind ram.
 5. For 3 ram stacks, open the annular to achieve the 50+ % safety factor. (5M and greater systems).
 6. **Record remaining pressure** 1300 psi. **Test Fails if pressure is lower than required.**
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system }
 7. If annular is closed, open it at this time and close HCR.

To Check - PRECHARGE ON BOTTLES OR SPHERICAL (III.A.2.d.)

- Start with manifold pressure at, or above, maximum acceptable pre-charge pressure:
 - a. {800 psi for a 1500 psi system} b. {1100 psi for 2000 and 3000 psi system}
- 1. Open bleed line to the tank, slowly. (**gauge needle will drop at the lowest bottle pressure**)
 2. Close bleed line. Barely bump electric pump and see what pressure the needle jumps up to.
 3. **Record pressure drop** 1200 psi. **Test fails if pressure drops below minimum.**
- **Minimum:** a. {700 psi for a 1500 psi system} b. {900 psi for a 2000 & 3000 psi system}

To Check - THE CAPACITY OF THE ACCUMULATOR PUMPS (III.A.2.f.)

- Isolate the accumulator bottles or spherical from the pumps & manifold.
- Open the bleed off valve to the tank, {manifold psi should go to 0 psi} close bleed valve.
 1. Open the HCR valve, {if applicable}
 2. Close annular
 3. With **pumps** only, time how long it takes to regain the required manifold pressure.
 4. **Record elapsed time** 1:15. **Test fails if it takes over 2 minutes.**
 - a. {950 psi for a 1500 psi system} b. {1200 psi for a 2000 & 3000 psi system}