

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Mewbourne Oil Company

3. Address and Telephone No.

PO Box 5270, Hobbs, New Mexico 88241 (505-392-5905)

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

1980' FNL & 660' FWL
Sec. 35 T-24S R-28E

5. Lease Designation and Serial No.

NMNM-093197

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Willow Lake 35 Federal Com 1

9. API Well No.

30-015-32306

10. Field and Pool, or Exploratory Area

Salt Draw- Atoka & Morrow

11. County or Parish, State

Eddy, NM

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

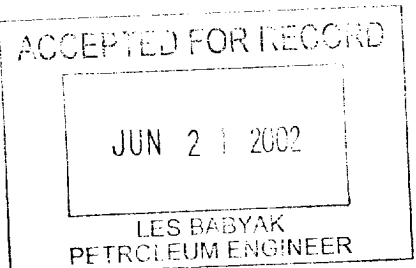
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Spud, Surface & Interm.
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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 markers and zones pertinent to this work.)*

06/02/02...MI & spud. TD'ed 17 1/2" hole @ 409'. Ran 409' 13 3/8" 48# H-40 ST/C csg. Cemented w/ 100 sks Thixsad mixed @ 14.6 #/g w/ 1.54 yd. 250 sks D/S Lite w/ additives mixed @ 12.4 #/g w/ 2.1 yd. Tailed w/ 200 sks 'C' w/ 2% CaCl mixed @ 14.8 #/g w/ 1.34 yd. Circl 95 sks cement to surface. WOC 18 hrs. Test BOP equipment to 500 psi. OK. Drill out w/ 12 1/4" bit.

06/13/02...TD'ed 12 1/4" hole @ 5030'. Ran 5030' 9 5/8" 40# J-55 & N-80 csg. Cemented w/ 1610 sks D/S Lite w/ additives mixed @ 12.4 #/g w/ 2.1 yd. Tailed w/ 200 sks 'C' w/ 2% CaCl mixed @ 14.8 #/g w/ 1.32 yd. Circl 78 sks cement to surface. WOC 18 hrs. Test BOP equipment w/ independent tester to 5000 psi (Chart enclosed). OK. Drill out w/ 8 3/4" bit.



14. I hereby certify that the foregoing is true and correct

Signed

Title N.M. Young District Manager

Date 06/14/02

(This space for Federal or State office use)

Approved by

Title

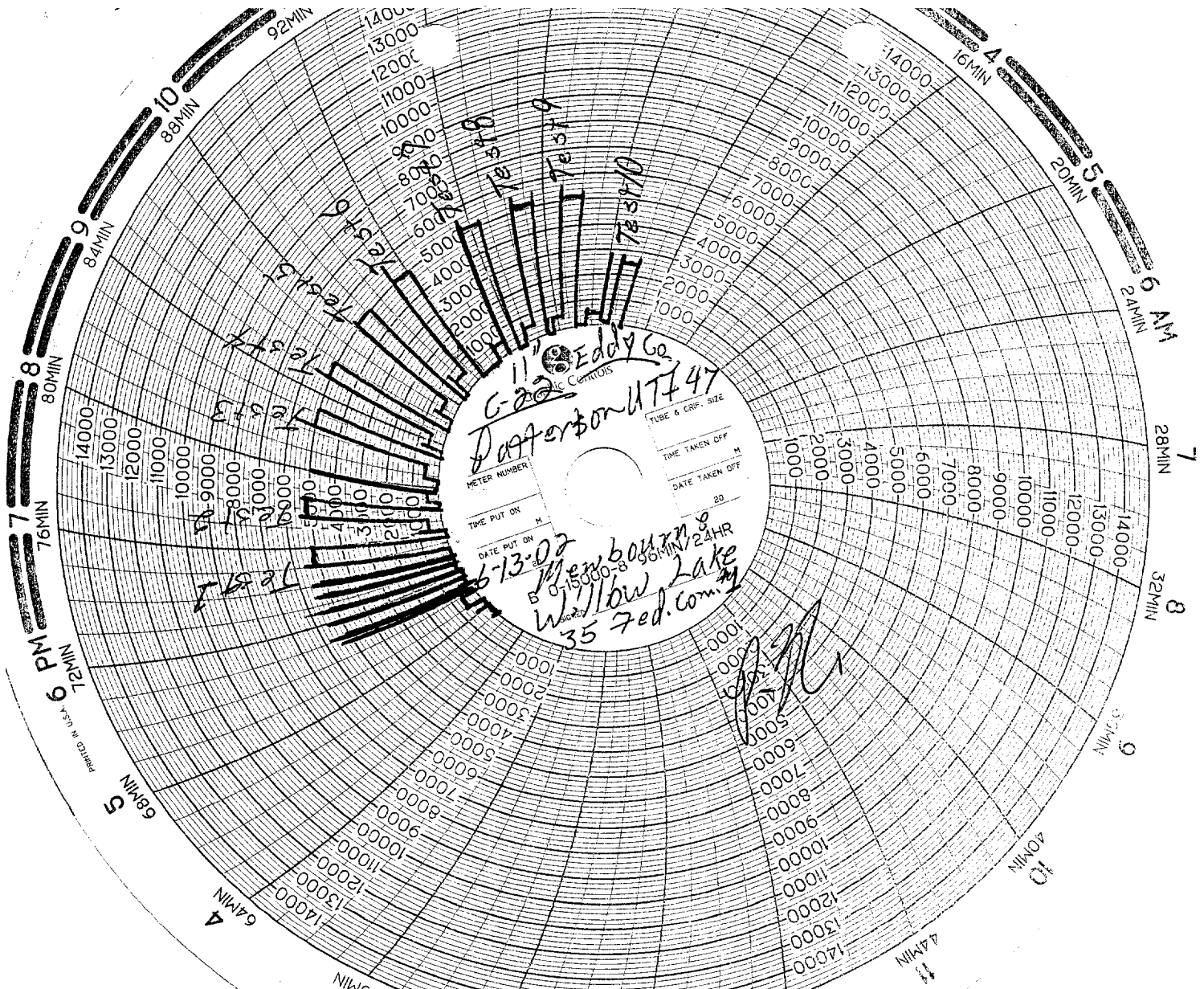
Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes 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.

*See Instruction on Reverse Side

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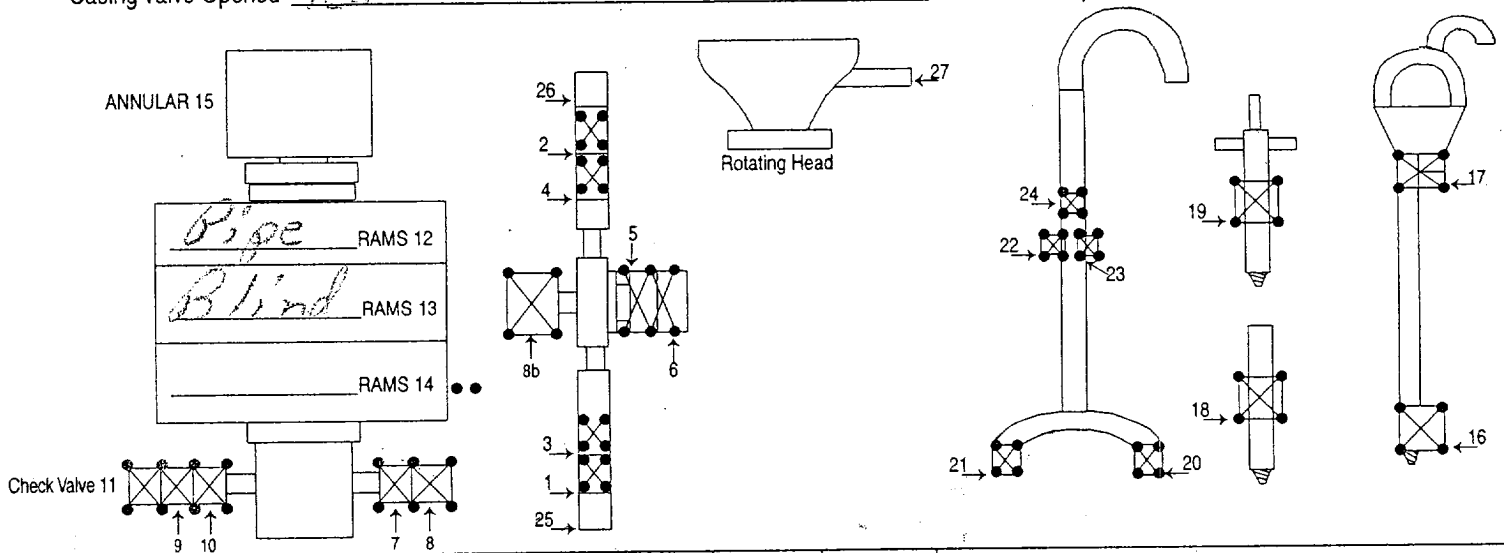
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HOSPITAL OFFICE

MAN WELDING SERVICE

(505) 396-4540

INVOICE NO _____

Company Mewbourne Date 6-13-02 Start Time 3:00 ☐ am ☒ pm
 Lease Willow Lake 35 4ed 10m #2 County Eddy State NM
 Company Man _____
 Wellhead Vender Kverner National Tester R J Munk
 Drlg. Contractor Patterson H T #47 Rig # _____
 Tool Pusher J E Neff
 Plug Type C-22 Plug Size 11" 5000 Drill Pipe Size 4 1/2 XH
 Casing Valve Opened Yes Check Valve Open Yes



TEST #	ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI	REMARKS
1	12 6 11 13	10/5	500	5000	Had to tighten
2	3 4 5 9 13	10/5	500	5000	Misc. Flanges
3	18 11	10/5	500	5000	Had to change #26
4	16	10/5	500	5000	
5	17	10/5	500	5000	
6	19	10/5	500	5000	
7	25 26 5 10 13	10/5	500	5000	
8	8 10 12 1	10/5	500	5000	
9	7 10 12	10/5	500	5000	
10	7 10 15	10/5	500	2500	
					#8 Is HCR Valve.
					#25 Is Super Choke.

B HR@ \$3500 = \$680.00
 HR@ _____
 Mileage _____ @ _____

SUB TOTAL \$680.00
 TAX \$435.20
 TOTAL \$1115.20

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