

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88401
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.

P.O. Box 5270 Hobbs, New Mexico 88240 (505) 393-5905

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

1650' FNL & 330' FWL
Sec. 23-T18S-R32E

5. Lease Designation and Serial No.

NM 25457

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. QPERAS Unit
~~Flip Federal #7 #1~~

9. API Well No.

30-025-26875

10. Field and Pool, or Exploratory Area

Querecho Plains
Queen Assoc.

11. County or Parish, State

Lea County, N.M.

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <u>Began Injection</u>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> 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.)*

10/08/94 Began injection in Querecho Plains Queen Assoc. Sand.

RECEIVED
 NOV 9 10 49 AM '94
 CARLSBAD AREA

ACCEPTED FOR RECORD
 NOV 15 1994
 CARLSBAD, NEW MEXICO

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

Signed [Signature]

Title District Manager

Date Nov. 7, 1994

(This space for Federal or State Office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: