

CMD :
OGSSSECT

ONGARD
INQUIRE LAND BY SECTION

03/11/05 08:26:29
OGOMES -TPLO
PAGE NO: / 1

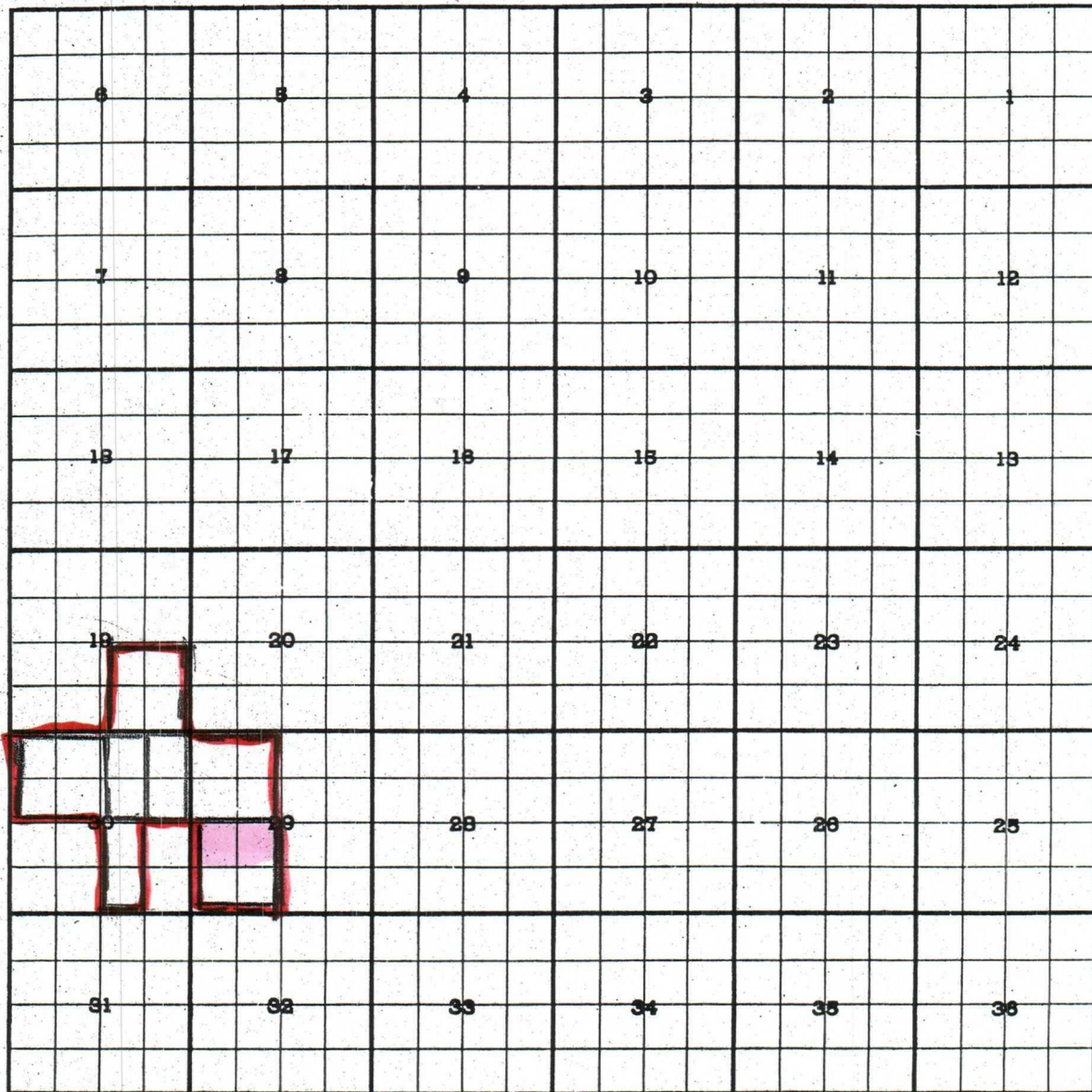
Sec : 29 Twp : 18S Rng : 30E Section Type : NORMAL

D 40.00 Federal owned A	C 40.00 Federal owned	B 40.00 Federal owned	A 40.00 Federal owned
E 40.00 Federal owned A	F 40.00 Federal owned U	G 40.00 Federal owned A A	H 40.00 Federal owned A
L 40.00 Federal owned <i>NM-27280</i>	K 40.00 Federal owned U <i>LC-068719-A</i>	J 40.00 Federal owned U C A A	I 40.00 Federal owned U A
M 40.00 Federal owned	N 40.00 Federal owned U A A	O 40.00 Federal owned U C A	P 40.00 Federal owned U A

County ESQY

Pool SANTO NINO-BONE SPRING

TOWNSHIP 185, RANGE 30 East, NEW MEXICO PRINCIPAL MERIDIAN



DESCRIPTION: $E/2$ $NE/4$ SEC. 30 (R-8546, 11/1/87) EXT: $W/2$ $NE/4$ SEC 30 (R-8665, 6/19/88)
 EXT: $W/2$ $SE/4$ sec 30 (R-8827, 12-22-88) EXT: $NW/4$ Sec. 29 (A-10343, 4-24-95)
 EXT: $NW/4$ Sec. 30 (A-10420, 7-17-95) EXT: $SW/4$ Sec. 29 (A-10642, 8-19-96)
 EXT: $SE/4$ Sec. 19 (A-10713, 11-26-96)

NM OIL CONS. COMMISSION
DRAWER DD UNITED STATES
ARTESIA, NEW MEXICO 88210 THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP CASE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0136
Expires: December 31, 1991

OK

APPLICATION FOR PERMIT TO DRILL OR DEEPEN

1a. TYPE OF WORK
DRILL DEEPEN

b. TYPE OF WELL
OIL WELL GAS WELL OTHER SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
Mewbourne Oil Company 14744

3. ADDRESS AND TELEPHONE NO.
P. O. Box 5270, Hobbs, New Mexico 88241 505 393-5905

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface 1980' FSL & 660' FWL
At proposed prod. zone SAME

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
6 3/4 miles south of Loco Hills, New Mexico

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any) 660'

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. 1,328'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3423' 3,424' GR Secretary's Potash

5. LEASE DESIGNATION AND SERIAL NO.
NM - 27280

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME, WELL NO. 15805
Santo Nino "29" Federal #3

9. API WELL NO.
30-015-28135

10. FIELD AND POOL, OR WILDCAT
Santo Nino Bone Spring

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 54600
29 - T18S - R30E

12. COUNTY OR PARISH Eddy
13. STATE NM

RECEIVED

SEP 28 '94

O. C. D.
ARTESIA, OFFICE

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	GRADE SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2"	13 3/8" J-55	48#	400'	400 sacks of Class "C" CIRCULATE
12 1/4"	8 5/8" J-55	24#	2,500'	300 sacks of Class "C" CIRCULATE
7 7/8"	5 1/2" J-55	17#	8,400' +/-	600 sacks of Class "H"

Capitan Controlled Water Basin

Mewbourne Oil Company plans to drill to a depth sufficient to test the Bone Spring formation for oil. If productive, 5 1/2" casing will be cemented at T.D. If non-productive, the well will be plugged and abandoned in a manner consistent with federal regulations. Specific programs are outlined in the following attachments:

- Drilling Program
- Surface Use and Operating Plan

- Exhibit #1 - Location and Elevation Plat
- Schedule #1 - Casing Design Program
- Exhibit 2, 2A, Attachment - Blowout Preventor & Choke Manifold Equipment
- Exhibit #3, #3A - Existing and Planned Access Road w/location
- Exhibit #4 - One Mile Radius Map w/Attachment
- Exhibit #5 - Proposed Drilling Rig Layout
- Exhibit #6 - Proposed Production Facilities Layout

Approved Subject to
General Requirements and
Special Stipulations
Attached

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED Bill Pierce TITLE Drilling Superintendent DATE August 9, 1994

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

Application approval 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. CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY J. Gilbert L. Quere Associate SA DATE 9/20/94

*See Instructions On Reverse Side

Approved
Aug 10 1 52 PM '94
RECEIVED

District I,
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-102
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-28135		Pool Code 54600	Pool Name Santo Nino Bone Spring
Property Code NM-27280	Property Name SANTO NINO "29" FEDERAL		Well Number 3
OGRID No. 14744	Operator Name MEWBOURNE OIL COMPANY		Elevation 3423

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	29	18S	30E		1980	SOUTH	560	WEST	EDDY

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 80	¹³ Joint or Infill N	¹⁴ Consolidation Code C	¹⁵ Order No.
-------------------------------------	------------------------------------	---------------------------------------	-------------------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>16</p>	<p>¹⁷ OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i></p> <p><i>Bill Pierce</i> Signature Bill Pierce Printed Name Drilling Superintendent Title August 22, 1994 Date</p>		
	<p>¹⁸ SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>8/18/94 Date of Survey</p> <p>Signature of Surveyor: HERSCHEL L JONES 3640 Certificate Number: RE 3640</p>		
	<p>STATE OF NEW MEXICO</p> <p>HERSCHEL L JONES 3640</p>		
	<p>Certificate Number: RE 3640</p>		

District I
 PO Box 1960, Hobbs, NM 88241-1960
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-102
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 4 Copies
 Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number		2 Pool Code		3 Pool Name Santo Nino Bone Spring	
4 Property Code NM-27280		4 Property Name SANTO NINO "29" FEDERAL			5 Well Number 3
6 OGRID No. 14744		6 Operator Name MEWBOURNE OIL COMPANY			7 Elevation 3424

10 Surface Location

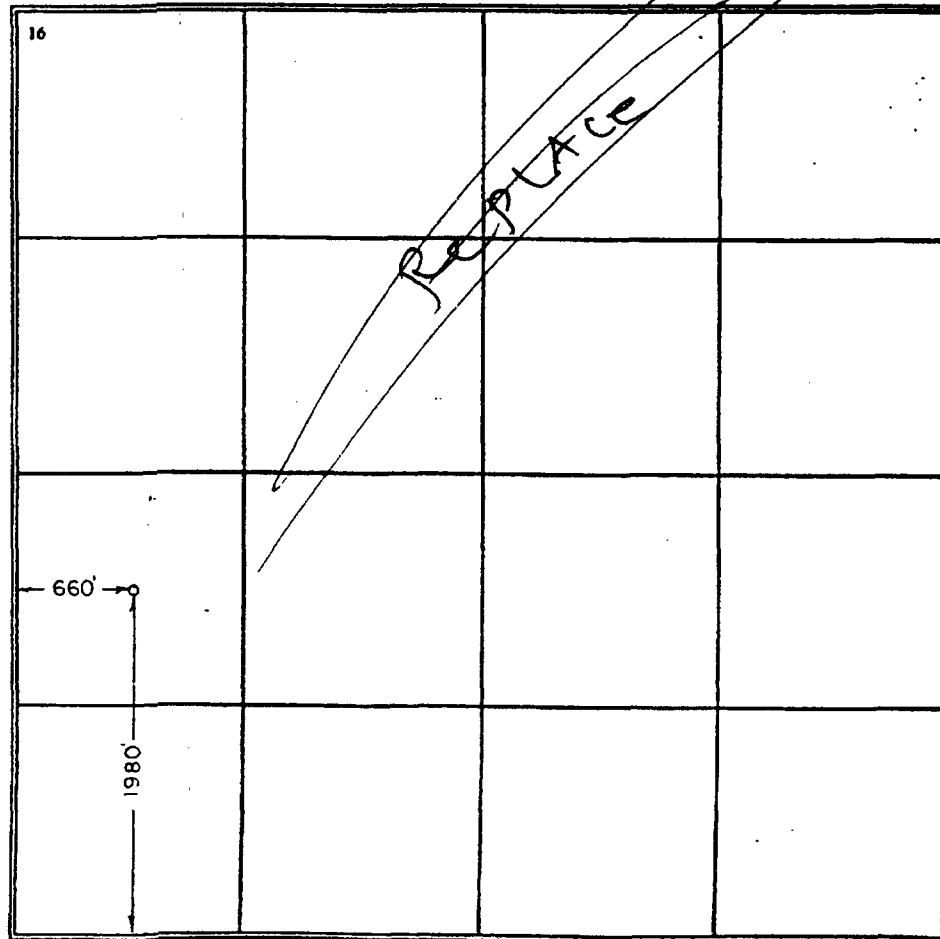
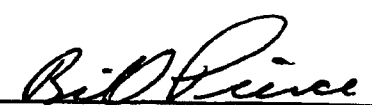
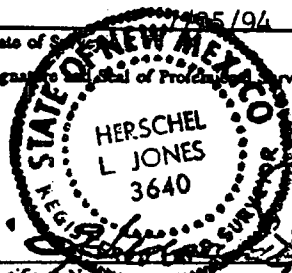
UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
L	29	18S	30E		1980	SOUTH	660	WEST	EDDY

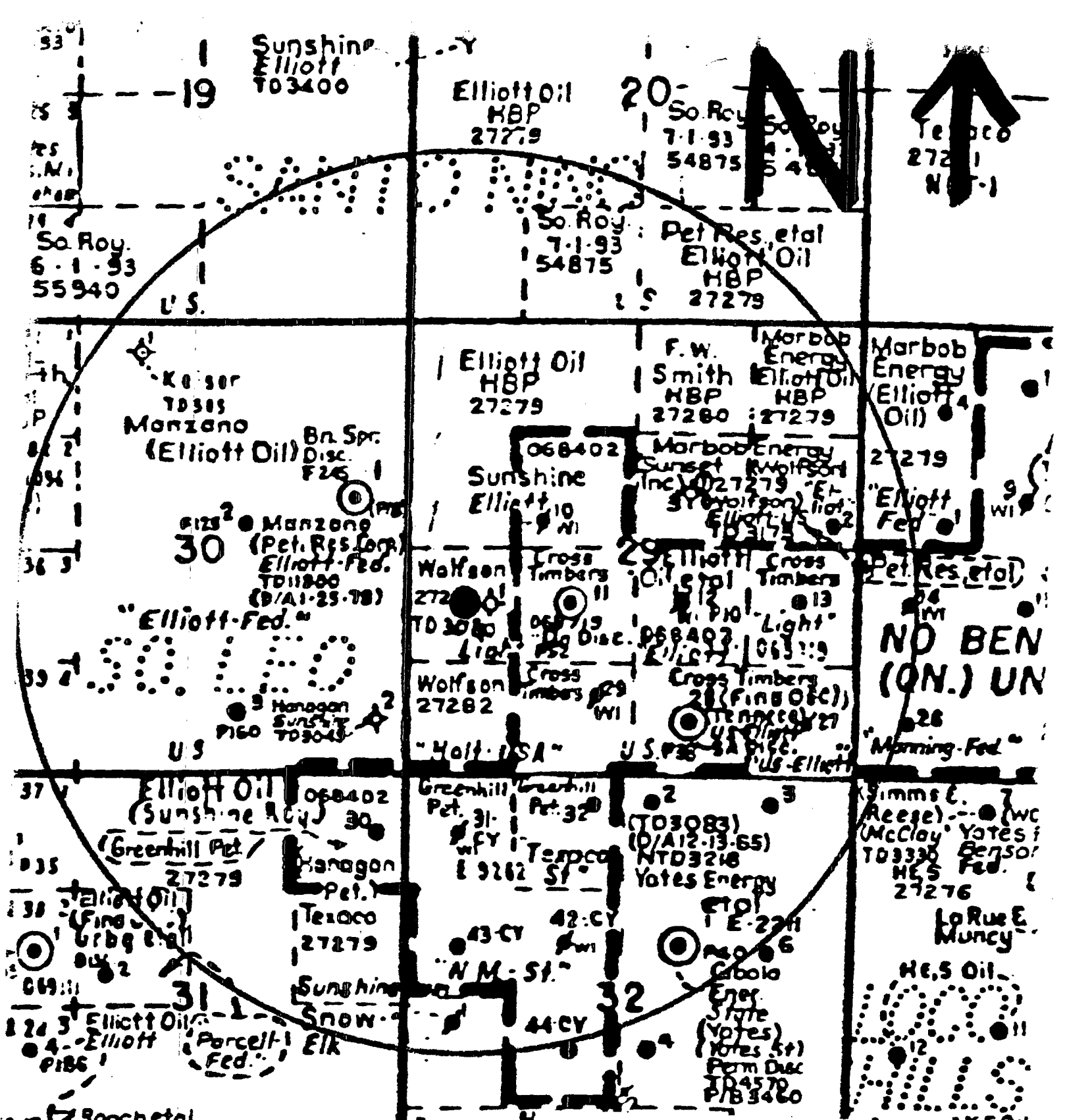
11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres 80	13 Joint or Infill N	14 Consolidation Code C	15 Order No.
--------------------------	-------------------------	----------------------------	--------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16 	17 OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>  Signature Bill Pierce Printed Name Drilling Superintendent Title August 9, 1994 Date
	18 SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> Date of Survey 8/9/94 Signature  Certificate Number 3640



MEWBOURNE OIL COMPANY
 Santo Nino "29" Federal #3
 1980' FSL & 660' FWL
 Section 29 - T18S - R30E
 Eddy County, New Mexico
 Lease # NM-27280

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

5. Lease Designation and Serial No.

NM 27280

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Santo Nino "29" Federal #3

9. API Well No.

30-015-28135

10. Field and Pool, or Exploratory Area

Santo Nino Bone Spring

11. County or Parish, State

Eddy, New Mexico

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 88241: 505 393-5905

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

1980' FSL & 560' FWL Unit Letter "L"
Section 29 - T18S - R30E

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 Change Acreage
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

Dedication

(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.)*

Original APD was approved with the W/2 of the SW4 as the dedicated 80 acres.

The N/2 of the SW4 will now be the dedicated acreage for this well. (See attached plat)

RECEIVED

JUN - 3 1996

OIL CON. DIV.
DIST. 2

ACCEPTED FOR RECORD
J. Lora
JAN 27 1995
CARLSBAD, NEW MEXICO

REC'D TO FILE 3/1/94

RECEIVED

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

Signed

Bill Prince

Title

Drilling Superintendent

Date

12-28-94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-102
 Revised February 10, 1994
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 4 Copies
 Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

* AFI Number 30-015-28135		* Pool Code 54600	* Pool Name Santo Nino Bone Spring
* Property Code NM-27280	* Property Name SANTO NINO "29" FEDERAL		* Well Number 3
* OGRID No. 14744	* Operator Name MEWBOURNE OIL COMPANY		* Elevation 3423

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
L	29	18S	30E		1980	SOUTH	560	WEST	EDDY

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres 80	13 Joint or Infill N	14 Consolidation Code	15 Order No.
--------------------------	-------------------------	-----------------------	--------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>16</p>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</p> <p><i>Bill Pierce</i> Signature Bill Pierce Printed Name Drilling Superintendent Title December 28, 1994 Date</p>		
	<p>18 SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>8/18/94 Date of Survey Signature of Surveyor Certificate Number 19860</p>		
	<p>19</p>		

OCD - Artesia

RECEIVED

957

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

JAN 31 1995

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

OIL CON. DIV.
DIST. 2

5. Lease Designation and Serial No.
NM 27280

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.

2. Name of Operator
Mewbourne Oil Company

Santo Nino "29" Federal #3

3. Address and Telephone No.
P. O. Box 5270, Hobbs, New Mexico 88241: 505 393-5905

9. API Well No.
30-015-28135

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

10. Field and Pool, or Exploratory Area

1980' FSL & 560' FWL Unit Letter "L"
Section 29 - T18S - R30E

Santo Nino Bone Spring
11. County or Parish, State

Eddy, New Mexico

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>Change Acreage</u>
	<u>Dedication</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.)*

Original APD was approved with the W/2 of the SW4 as the dedicated 80 acres.

The N/2 of the SW4 will now be the dedicated acreage for this well. (See attached plat)

ACCEPTED FOR RECORD
J. Lora
JAN 27 1995
CARLSBAD, NEW MEXICO

DEC 28 11 50 AM '94

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

Signed Bill Pierce

Title Drilling Superintendent

Date 12-28-94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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.

clsf

Form 3160-5
 (June 1990)

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.
P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 560' FWL Unit "L"
Sec. 29-T18S-R30E

5. Lease Designation and Serial No.
NM-27280

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Santo Nino 29 Federal #3

9. API Well No.
30-015-28135

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

11. County or Parish, State
Eddy 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 Spud & Cement Surface Casing
	<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.)*

02/20/95 MIRU Peterson Drilling Company, Rig #3. Spudded 17-1/2" surface hole @ 3:45 p.m.

02/21/95 Drilled 17-1/2" surface hole to 405' K.B. Ran 9 jts. of new 13-3/8", 48#, 8rd, ST&C, K-55, LS casing and set @ 405' K.B. Halliburton cemented w/200 sks. Class "C" containing 1/2#/sk. flocele + 1#/sk. gilsonite + 3% CaCl2 (12.4#/gal., 2.02 cu ft./sk.) followed by 200 sks. Class "C" neat containing 3% CaCl2 (14.84#/gal., 1.35 cu. ft./sk.) Plug down @ 3:00 a.m. 02/21/95. Circulated 60 sks. to pit. WOC 12 hrs., NU BOP, pressure tested casing and BOP to 800# for 30 min., held ok.

ACCEPTED FOR RECORD
Al
 MAR 21 1995
 CARLSBAD, NEW MEXICO

MAR 27 1995
 OIL CONS. DIV.
 FEB 23 1995
 CARLSBAD, NEW MEXICO

14 I hereby certify that the foregoing is true and correct
 Signed *Bill Ferese* Title Drilling Superintendent Date 02/22/95

(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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

clsf

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 88241; 505 393-3905

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

1980' FSL & 560' FWL Unit "L"
Section 29 - T18S - R30E

5. Lease Designation and Serial No.

NM-27280

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Santo Nino "29" Fed. #3

9. API Well No.

30-015-28135

10. Field and Pool, or Exploratory Area

Santo Nino Bone Spring

11. County or Parish, State

Eddy, New Mexico

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 Cement 8 5/8" Int. Csg and Shut off water flow.
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input checked="" type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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.)

- 02-22-95: Drilled into water flow while drilling 12 1/4" intermediate hole @ depth of 630' K. B. Conferred with Shannon Shaw of Carlsbad BLM office via telephone @ 8:50 A.M. Informed him of our intentions and recieved approval to proceed with plans as outlined below. Initial water flow rate was 25 bbls./hour. Last measured rate was 18 bbls./hr.
- 02-23-95: Drilled 12 1/4" hole to 2,485' K. B. Ran 48 joints of new 8 5/8", 32#, J-55, LS 8rd, STC casing + Baker External Casing Packer + 8 more joints of 8 5/8", 32#, J-55 8rd, STC casing. Set @ 2,485' K. B. with ECP @ 351' K. B.
- 02-24-95: Halliburton cemented with 1,000 sacks of Class "C" Lite containing 1#/sack flocele + 1#/sack gilsonite + 2% CaCl₂ (wt. 13.2#/gal., yield 1.96 cu. ft./sack,) followed by 200 sacks of Class "C" Meet containing 2% CaCl₂. Circulated 240 sacks of cement to the pit. Closed annular preventor and squeezed 115 sacks of cement into water flow zone. Plug down to 2,442' @ 7:25 A.M. 02-24-95. Opened annular preventor, no water flow. Inflated ECP. Set slips and WOC 24 hours.
- 02-25-95: NU BOP stack and tested casing and stack to 1500# for 30 min. Held O.K. Drilled out shoe joint and drilled 10' of new formation. Shut down for 30 min. and checked for water flow. No flow present.

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

Signed Bill Pierce

Title Drilling Superintendent

Date Feb 28, 1995

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title AB

Date _____

RECEIVED
MAR 02 1995
DISTRICT 6 N.M.
BUREAU OF LAND MANAGEMENT
NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION
Drawer DD
Artesia

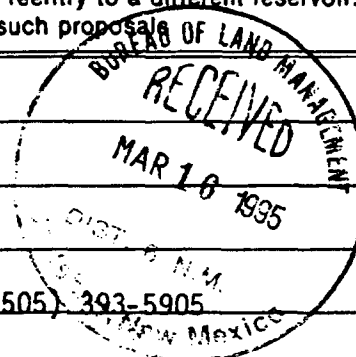
B. NM PERM APPROVED
Budget Bureau No. 1004-0135
Expires March 31, 1993

4158

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 88241 (505) 393-5905

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1980' FSL & 560' FWL Unit "L"
Sec. 29-T18S-R30E**

5. Lease Designation and Serial No.
NM-27280

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Santo Nino 29 Fed. #3

9. API Well No.
30-015-28135

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

11. County or Parish, State
Eddy County, N.M.

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

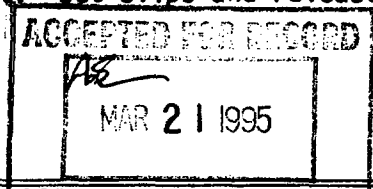
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Cement 5-1/2"
	Production Casing
	<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.)

03/12/95 Drilled 7-7/8" production hole to a total depth of 8400' K.B. Ran electric logs and evaluated same.

03/13/95 Ran 39 jts. of used white band 5-1/2", 17#, N-80, 8rd, LT&C casing (1,491') + 141 jts. of new 5-1/2", 17#, J-55, 8rd, LT&C casing (6,181') + 18 jts. of used white band, 5-1/2", 17#, N-80, 8rd, LT&C casing (749'). Set @ 8400' K.B. Halliburton cemented as follows: Lead 820 sks. Class "H" Lite containing 8#/sk. salt + 5#/sk. gilsonite + 1/2#/sk. flocele (12.4#/gal., 2.17 ft³/sk., 12.3 gal/sk. water) followed by a tail slurry consisting of 410 sacks Class "H" containing 5#/sk. salt + .3% Halad-322 + .3% Halad-344 (16.0#/gal., 1.18 ft³/sk., 4.98 gals/sk. water.) Plug down to 8462' @ 9:45 a.m. 03/13/95. Circulated 35 sacks of cement to the pit. Set slips and released rig @ 2:00 p.m. 03/13/95



OIL CON. DIV.
DIST. 2

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

Signed Bill Pierce Title Drilling Superintendent Date March 14, 1995

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

Mewbourne Oil Co.
Santo Nine 29 Fed. #3
Eddy Co., NM

STATE OF NEW MEXICO
DEVIATION REPORT

405	3/4
949	1-1/2
1,448	2
1,545	1-1/2
2,015	3/4
2,485	1/2
2,985	1-3/4
3,464	1-1/2
3,963	1-1/4
4,438	2-1/4
4,937	4
5,064	3-3/4
5,125	3-3/4
5,218	3-1/4
5,310	4
5,375	3-3/4
5,466	3-1/2
5,560	3-3/4
5,651	3
5,748	2-1/2
5,843	2-3/4
5,935	3
6,028	3
6,100	2-1/2
6,182	3-1/2
6,274	3
6,368	2-3/4
6,470	2-1/2
6,583	2-1/2
6,708	1-3/4
7,022	1-1/2
7,517	1-1/4
7,976	2-1/4
8,147	2
8,375	2-1/2
8,400	2-1/2

By: Ray Peterson

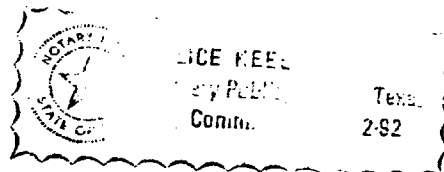
STATE OF TEXAS

COUNTY OF MIDLAND

The foregoing instrument was acknowledged before me
this 23rd day of March, 1995, by RAY PETERSON
on behalf of PETERSON DRILLING COMPANY.

Notary Public for Midland
County, Texas

My Commission Expires: 8/2/96



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE TO NM OIL CONS COMMISSION
FOR APPROVED OMB NO 1004-0137
DATE 10/31/1991
NM 27280
PLEASE DESIGNATE AND SERIAL NO.

158

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1. TYPE OF WELL: OIL WELL GAS WELL DRY Other

2. TYPE OF COMPLETION: NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. REMOVAL Other

3. NAME OF OPERATOR: Mewbourne Oil Company

4. ADDRESS AND TELEPHONE NO.: P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):
At surface: 1980' FSL & 560' FWL
At top prod. interval reported below
At total depth: Same

6. IF INDIAN ALLOTTEE OR TRIBE NAME: _____

7. UNIT AGREEMENT NAME: _____

8. FARM OR LEASE NAME, WELL NO.: Santo Nino "29" Fed. #3

9. API WELL NO.: 30-015-28135

10. FIELD AND POOL, OR WILDCAT: Santo Nino Bone Spring

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA: Sec. 29-T18S-R30E

12. COUNTY OR PARISH: Eddy

13. STATE: N.M.

14. PERMIT NO.: _____ DATE ISSUED: MAY 15 1995

RECEIVED
APR 12 11 55 AM '95

CONFIDENTIAL

15. DATE SPUNDED: 2/20/95

16. DATE T.D. REACHED: 3/13/95

17. DATE COMPL. (Ready to prod.): 3/31/95

18. ELEVATIONS (DF, RKB, ST, GR, ETC.): 3423' GR

19. ELEV. CASINGHEAD: _____

20. TOTAL DEPTH, MD & TVD: 8400' KB

21. PLUG, BACK T.D., MD & TVD: 8362' KB

22. IF MULTIPLE COMPL., HOW MANY? _____

23. INTERVALS DRILLED BY: _____ ROTARY TOOLS: X CABLE TOOLS: _____

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD): 8076' - 8239' Bone Spring

25. WAS DIRECTIONAL SURVEY MADE: Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN: CNL - FDC DLL-MSFR CBL

27. WAS WELL CORED: No

28. CASING RECORD (Report all strings set in well)

CASING SIZE/GRADE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	TOP OF CEMENT, CEMENTING RECORD	AMOUNT PULLED
13-3/8"	48#	405'	17-1/2"	Circ. - 400 sx.	---
8-5/8"	24#	2485'	12-1/4"	Circ. - 1200 sx.	---
5-1/2"	17#	8400'	7-7/8"	Circ. - 1230 sx.	---

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

30. TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
2-7/8"	8000'	

31. PERFORATION RECORD (Interval, size and number): 8076' - 8239' 2 SPF 131 Holes

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
8076' - 8239'	5000 gal. 7 1/2% HCL 111,000 gal. gel + 250,000# 16/30 sand

33. PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)
3/31/95	Pumping	Producing

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
4/2/95	24			46	17	110	370

FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)
---	---		46	17	110	41°

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.): Sold

35. LIST OF ATTACHMENTS: Electric Logs, Dev. Survey

ACCEPTED FOR RECORD

TEST WITNESSED BY: Thurman

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED: [Signature] TITLE: District Manager DATE: 4/3/95

(See Instructions and Spaces for Additional Data on Reverse Side)

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	TOP	
				MEAS. DEPTH	TRUE VERT. DEPTH
Base of Salt	1250'				
Seven Rivers	1904'				
Queen	2516'				
Penrose	2722'				
Grayburg	2914'				
Delaware	4106'				
Bone Spring Sand	7147'				

38.

GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH

District I
 PO Box 1900, Hobbs, NM 88241-1900
 District II
 PO Drawer DD, Aramis, NM 88211-0719
 District III
 1000 Rio Arriba Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-104
 Revised February 10, 1994

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Instructions on back
 Submit to Appropriate District Office
 5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Mewbourne Oil Company P.O. Box 5270 Hobbs, New Mexico 88241		OGRID Number 14744
API Number 30-015-28135	Pool Name Santo Nino Bone Spring	Pool Code 51200
Property Code NM-27280	Property Name Santo Nino "29" Federal	Well Number 3

II. Surface Location

UL or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South Line	Feet from the	East/West line	County
L	29	18S	30E		1980'	South	560	West	Eddy

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot/Idn	Feet from the	North/South line	Feet from the	East/West line	County
L	29	18S	30E		1980	South	560	West	Eddy

Law Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
F	P	3/31/95			

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
5097	Conoco P.O. Box 1267 Ponca City, Ok. 74602-1267	2814023	G	29-18S-R30E
21019	Phillips Pet. Co. Bartlesville, Ok. 74004	2814024	O	29-18S-30E

IV. Produced Water

POD	POD ULSTR Location and Description
2814025	29-18S-30E

V. Well Completion Data

Spud Date	Ready Date	TD	FRTD	Perforations
2/20/95	3/31/95	8400'	8362'	8076' - 8230'
Stile size	Casing & Tubing size	Depth Set	Seals Cement	
17-1/2"	13-3/8"	405'	400	
12-1/4"	8-5/8"	2485'	1200	
7-7/8"	5-1/2"	3400'	1230	

VI. Well Test Data

Date Near Oil	Gas Delivery Date	Test Date	Test Length	Test Pressure	Core Pressure
4/01/95	3/31/95	4/2/95	24 Hrs.	---	---
Choke Size	Oil	Water	Gas	AOI	Test Method
Pumping	46	110	17		Pumping

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Kelley Ryan*
 Printed name: Kelley Ryan

Title: District Manager
 Date: April 3, 1995
 Phone: (505) 393-5905

OIL CONSERVATION DIVISION
 Approved by: *[Signature]*
 Title: SUPERVISOR, DISTRICT II
 Approval Date: APR 7 1995

Previous Operator Signature	Printed Name	Title	Date

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS COMMISSION

Drawer DD
Artesia, NM 88220
FORM APPROVED
Bureau No. 1004-0135
Expires March 31, 1993

95F

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM-27280
2. Name of Operator Mewbourne Oil Company	6. If Indian, Alton or Tribe Name
3. Address and Telephone No. P.O. Box 5270 Hobbs, New Mexico 88241 (505) 393-5905	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 560' FWL Sec. 29-T18S-R30E	8. Well Name and No. Santo Nino "29" Fed. #3
	9. API Well No. 30-015-28135
	10. Field and Pool, or Exploratory Area Santo Nino Bone Spring
	11. County or Parish, State Eddy 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 Interest	<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>Add Perforations</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.)

- 7/12/95 Set RBP @ 7701'. Perforate First Bone Spring Sand from 7153' - 7280'
- 7/13/95 Acidize perforations w/5,000 gal 7 1/2% HCL acid.
- 7/14/95 Frac perforations w/136,000 gal. gel and 281,000# sand.
- 7/15/95 TIH w/production string. Swab and flow test and restore well to production.

RECEIVED

OCT 16 1995

OIL CON. DIV.

EST. 2

ACCEPTED FOR RECORD
J. [Signature]
OCT 12 1995
OIL CON. DIV., NEW MEXICO

RECEIVED
OCT 11 12 25 PM '95

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

Signed [Signature] Title Engineer Date 9/08/95

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any

Use of this Form requires a stamp in any periodicals and affidavits made to any department or agency of the United States, any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.