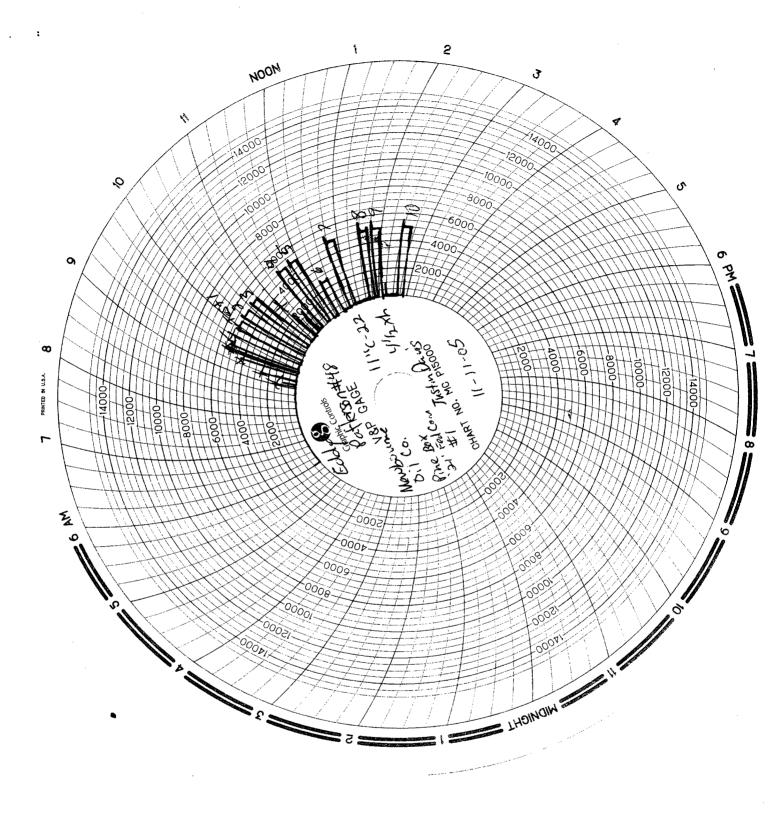
| Submit & Copies To Appropriate District | State of New N | l exico | Form C-103 | | |
|--|--|------------------------------|---|---|--|
| Office District I | Energy, Minerals and Na | tural Resources | Revised March 25, 1999 | | |
| 1625 N. French Dr., Hobbs, NM 88240 | | | WELL API NO. | | |
| <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 | OIL CONSERVATIO | N DIVISION | 30-015-34104 | -61 | |
| District III | 1220 South St. Fr | ancis Dr. | 5. Indicate Type | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe, NM | | STATE 6. State Oil & 0 | Gas Lease No. | |
| <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM | 541141 1 0, 1 1111 | 3,50p | o. State Oil & | Gas Lease No. | |
| 87505 | | | | | |
| | CES AND REPORTS ON WELI | | ł | or Unit Agreement | |
| (DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.) | | | Name: | | |
| 1. Type of Well: | PE | CEIVED | Pine Box 21 Fed | eral Com | |
| Oil Well Gas Well X | Other | 2 E-1 V ' ' | | | |
| 2. Name of Operator | . NOV | 1 7 2005 | 8. Well No. | | |
| | 14744 | ANTERIA | #1 | | |
| 3. Address of Operator | | | 9. Pool name o | | |
| PO Box 5270 Hobbs, NM 88241 4. Well Location | | | Cemetery Morro | w 74640 | |
| 4. Well Location | | | | | |
| Unit LetterD_ :131 | 0feet from theNorth1 | ine and1310fee | et from theWe | stline | |
| Section 21 | Township 20S Range | 25E N | MPM Eddy | County | |
| | 10. Elevation (Show whether | | | A second | |
| and the second of the second s | 3477' GL | ,,,,, | · 開始 | | |
| 11. Check A | ppropriate Box to Indicate | Nature of Notice, | Report or Other | Data | |
| NOTICE OF IN | | | SEQUENT RE | | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORL | | ALTERING CASING | |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRI | LLING OPNS. | PLUG AND | |
| PULL OR ALTER CASING | MULTIPLE | CARING TEST AN | :D 🖂 | ABANDONMENT | |
| FOLE ON ALTER CASING | COMPLETION | CASING TEST AN CEMENT JOB | 1D 🛛 | | |
| OTHER: | | OTHER: | | | |
| 12. Describe proposed or completed | | 1 | ve pertinent dates i | including estimated date of | |
| starting any proposed work). SE | E RULE 1103. For Multiple Co. | npletions: Attach we | llbore diagram of p | proposed completion or | |
| recompilation. | | | | | |
| 11/11/05MI & spud 14 ¾" hole. TD'd | @ 1186'. Ran 1186' 9 %" 40# L80/ | K55 LT&C csg. Cemen | ted 4 sks GW27 frac | gel with 180 sks Class "H" | |
| Thixsad with additives. Mixe | d @ 14.6 #/g with 1.52 cf/sk yd. Fol ail with 400 sks Class "C" with 2% (| lowed with 650 sks BJ I | Lite Class "C" (35:65 | 6:6) with additives. Mixed @ | |
| BOPE to 5000# and annular to | 2500#, held OK. At 11:30 pm 11/1 | 1/05 test 9 5/1 casing to | /g with 1.34 ci/sk ya 5 1500# for 30 minut | es all held OK Charts and | |
| schematic attached. Drilled | | 1705, test 5 % cashing to | 1500# IOI 50 Hillian | es, an neid OK. Charts and | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| I hereby certify that the information a | bove is true and complete to the | oest of my knowledge | and belief. | | |
| SIGNATURE This y | llen TITLE | T7.11 D 1. | | | |
| SIGNATURE 4024 | IIILE | Hobbs Regulatory | D. | ATE_11/16/05_ | |
| Type or print name Kristi (| Green | Teleph | none No. 505-393 | I-5905 | |
| (This space for State use) | 7 | Totopi | | | |
| FOR | records only | | | NOV 2 2 2005 | |
| APPPROVED BY | TITLE | | | DATE 2 2 2005 | |
| Conditions of approval, if any: | | | | | |



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



NY B 5232

| | n | | | 5 / | 1-11-05 | Start Time_ <i>8;00</i> | |
|--|---------------------------------------|-------------|----------|----------|------------------|---|--------------|
| | Membourne Oil Co Pine Box "21" Fee | 1 Com # | L / | _ Date/ | 1-11-03 | Start Time_ <u>\$ 700</u> County_ <i>F_dd_</i> | - |
| | Man Larry Sutton | C0001 4 | ` | | | County | State /VIV |
| Wellhead | <i>1</i> | | | Tester | Justin (|)a VI S | |
| Drlg. Con | 0/1 | | · | | | Rig # | 48 |
| • | ner Donnie Griffia | . <u> </u> | | | | | |
| Plug Type | C · 22 | | Plu | ıg Size | 11" | Drill Pipe Size4 | 11/224 |
| Casing Va | alve Opened <u>/e.S</u> | | | | Check Valve Open | | |
| ANNU | Blind RAMS 12 Pipe RAMS 13 RAMS 14 | | Rotating | Head | 24 22 23 | 18 20 | 17 |
| TEST # | 9 10 7 8 ITEMS TESTED | TEST LENGTH | LOW PSI | HIGH PSI | <u></u> | REMARKS | 8 |
| 1 | 25.26.6.10.86.12 | 10min | | 5000 | * Blind Dam | sand lipe Rams | were |
| 2 | 1.2.6.10.86.12 | 10 min | | 5000 | T . | had to swap h | |
| 3 | 3.4.5.10.86.12 | 10 min | | 5000 | * Had lo ou | | ' . <u>r</u> |
| 4 | 8 9 13 | 10 min | - | 5000 | | 10 | 7 |
| 5 | 7.11.13 | 10 min | | 5000 | | | |
| 6 | 7 11 . 15 | 10 min | | 2500 | | | |
| 7 | 19 | 10min | | 5000 | | | |
| 8 | 18 | 10 min | | 5000 | | | |
| 9 | 16 | 10min | | 5000 | | | |
| 10 | 17 | 10min | | 5000 | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | #8 is | HCR Valve | · |
| | | | | | #25 15 | HCR Valve Super choke | |
| | | | | | | 7 | |
| 4 | _HR@_\$900.00 | | P | 6.5 | 1 | SUB TOTAL | 11500 |
| <u></u> | HR@\$85.60 | | arry | IU. | Hor | TAV & | 12 62 |
| S HR@ \$900.00 HR@ \$85.00 Mileage 180 @ \$180.00 TOTAL \$1227.62 | | | | | | | |
| ······caye_ | TIOU. | | | | | IUIAL # | ON 60 1 . |

MAN WELDING SERVICES, INC.

| Company Mewbourne Dil Co. | Date 11-11-05 |
|------------------------------------|--|
| Lease Pipe Box 21 Ted Com #1 | County Eddy |
| Drilling Contractor Patterson #118 | Plug & Drill Pipe Size 11" C-22 11/2 M |

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTLES (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 1500 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 1100 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 1:3b. 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}