

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB No. 1004-0135 Expires: January 31, 2004

6. If Indian, Allottee or Tribe Name

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

apandoned we	ell. Use Form 3160-3 (APD)	tor such propos	ns.			
<b>化制度温度</b> 带加强。	IPLICATE - Other instruc	tions on revers	e side RECEIVE		A/Agreement, Name and/or No.	
1. Type of Well ☐ Oil Well ☐ Gas Well ☐			8. Well Name	e and No.		
Oil Well Gas Well Other  Name of Operator			JUL 2 5 2006		Wood Draw 35 Federal #1	
Mewbourne Oil Company 14744			OCU-AMTEON 9. API Well No.			
3a. Address		3b. Phone No. (include area code)		30-015-34967		
PO Box 5270 Hobbs, NM 88240		505-393-5905	-5905 10. Field and Pool, c		Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T. R., M., or Survey Description)		1			West Corral Canyon Delaware 13365	
330' FSL & 1980' FEL Unit C				11. County or Parish, State  Eddy County, NM		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, RI						
					OTILICONIN	
TARE OF SORMISSION	TYPE OF ACTION					
Notice of Intent	Acidize	Deepen	Production (Sta	art/Resume)	Water Shut-Off	
Notice of filterit	Alter Casing	Fracture Treat	Reclamation	L	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete	_	Other Spud, cement and	
Final Abandonment Notice	Change Plans	Plug and Abandon	= ' '		BOPE tst	
That Abandonment Notice	Convert to Injection	Plug Back	Water Disposa	<u></u>		
testing has been completed. Fin determined that the site is ready  07/09/06MI and spud 12 1/4  2% CaCl2. Mixed ( 3000# and annular schematic attached.	" hole. TD'd 12 1/4" hole @ 500 @ 14.8 #/g with 1.34 cf/sk yd. P to 1500#. At 12:45 am 07/11/00 Drilled out with 7 7/8" bit.	filed only after all required only after all required only after all required on the second of 8 5/8	" 32# J55 LT&C csg.	Cemented with 35 sks to pit. WOs as required, Al	400 sks Class "C" with OC 18 hrs. Tested BOPE to Libert CORD	
14. I hereby certify that the foregoin Name (PrintedlTyped)	g is true and correct	Till				
			lobbs Regulatory			
Signature Wiste	: grea	Date (	7/12/06	- Ap 20		
	THIS SPACE FO	R FEDERAL OR	STATE OFFICE US	Ē		
Approved by (Signature)			Name Printed/Typed)	cord - NMOCI	Die	
Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant to determine the appl	attached. Approval of this notice all or equitable title to those rights conduct operations thereon.		Office	Aplas	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.