Form 3160-5 (September 2001)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTES	IA
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FORM APPROVED OMB No 1004-0135 Expires: January 31, 2004



SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No.

NMNM-0556290

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				n, Allottee or Tribe Name
	RIPLICATE - Other Instructio	ns on reverse side	7. If Unit	or CA/Agreement, Name and/or No.
1. Type of Well ☐ Oil Well ☐ Gas Well	7 Other NO	OV - 1 2008	8. Well N	Jame and No.
2. Name of Operator			Ithaca 15	Federal #1
Mewbourne Oil Company 147		D-ARTESIA	9. API W	
3a. Address		Phone No. (include area co	, 50 015	36572 and Pool, or Exploratory Area
PO Box 5270 Hobbs, NM 88		5-393-5905		rton Flat Morrow
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)			11. County or Parish, State	
660' FNL & 1980' FWL, Sec 15-T20S, R29E Unit C			Eddy Co	ounty, NM
12. CHECK AP	PROPRIATE BOX(ES) TO IND	DICATE NATURE OF		
TYPE OF SUBMISSION		TYPE OF	ACTION	
Notice of Intent	Alter Casing F	Fracture Treat	Production (Start/Resume) Reclamation Recomplete	Water Shut-OffWell Integrity✓ Other Chlorides
✓ Subsequent Report			Temporarily Abandon	Other other
Final Abandonment Notice			Water Disposal	
testing has been completed. Fit determined that the site is ready Attached report indicates chlorid intermediate casing setting dept at 393-5905 (office). 1600' @ 1800 MG/L 2300' @ 1700' @ 1900 MG/L 2400' @ 1800' @ 1600 MG/L 2600' @	le levels from samples obtained from th at 1520' to the 2nd intermediate ca. 1500 MG/L 2800' @ 1000 MG/L 2900' @ 1200 MG/L 3100' @ 1000 MG/L 3100' @ 1000 MG/L ACCEPTS	only after all requirements, the flowline as per the resing setting depth at 3350 3200' @ 1100 MG/I 3300' @ 1200 MG/I	equirements of the NMOC O'. If you have any question ACCEPT L	been completed, and the operator ha D while drilling from the 1st
		/ 3 - 2003	CARL	SBAD FIELD OFFICE
14. 1 hereby certify that the foregoin	Gerry Guye,	Deputy Field Inspector	In the second se	
Name (PrintedlTyped)	ig is true and correct	istrict II ARTESIA		
Jackie Lathan		Title Hobbs Re	egulatory	
Signature	e Lathan	Date 10/13/08		
	THIS SPACE FOR F	EDERAL OR STATE (OFFICE USE	
Approved by (Signature)		Name (Printed/Type	ed)	Title
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	attached. Approval of this notice does all or equitable title to those rights in the conduct operations thereon.	not warrant or office ne subject lease		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.