Form 3160-5 (September 2001)

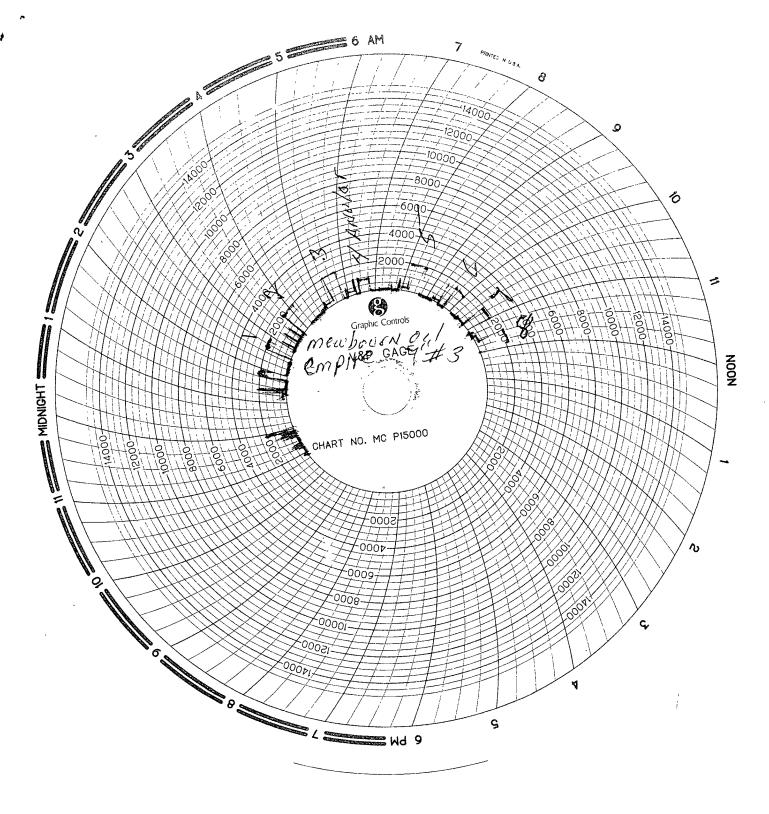
UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

114 6-	NM-101967					
	6. If Indian, Allottee or Tribe Name					
	7 If Unit or CA/Agreement, Name and/or No					
	8. Well Name and No					
	Empire 7 P Federal #3					
	9. API Well No.					
	30-015-36816					
	10. Field and Pool, or Exploratory Area					
	Undes East Empire Yeso 11. County or Parish, State					
	11. County of Farisit, State					
	Eddy County, NM					
E, RI	EPORT, OR OTHER DATA					
Ŋ						
ı (Start/	(Resume) Water Shut-Off					
on	Well Integrity					
te	Other Csg, Cmt					
ily Aba	ndon					
posal						
ind true Require etion in	by proposed work and approximate duration thereof vertical depths of all pertinent markers and zones. It is subsequent reports shall be filed within 30 days a new interval, a Form 3160-4 shall be filed once nation, have been completed, and the operator has					
	additives. Mixed @ 14.8 #/g w/ 1.34 yd. # for 30 mins, held OK. Charts and					
vn @ 3	Lite Class C (35:65:6) with additives. Mixed 3:00 am 01/11/09. Did not circ cement. Lift 01/11/09, tested csg to 1665# for 30 mins,					
209 12/3	requesting release					
_	//					

abandoned we							
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7 If Unit or CA/Agreement, Name and/or No		
1 Type of Well ☐ Gas Well ☐	Other			8. Well Name and No			
2. Name of Operator	- Other			Empire 7 P Federal #3			
Mewbourne Oil Company 147	744			9. API Well No.			
3a. Address	· · · · · · · · · · · · · · · · · · ·	3b Phone No. (include	area code)	30-015-36816			
PO Box 5270 Hobbs, NM 88	3240	575-393-5905		10. Field and Pool, or Exploratory Area			
4 Location of Well (Footage, Sec.,		1010 030 0300	· · · · · · · · · · · · · · · · · · ·	Undes East Empire Yeso			
330' FSL & 990' FEL, Sec 7-T1	17S, R29E Unit P			11. County or Parish, State			
12. CHECK API	PROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, RE	Eddy County, NM EPORT, OR OTHER DATA			
TYPE OF SUBMISSION			PE OF ACTION				
	Acidize [Deepen	Production (Start/	Resume) [Water Shut-Off		
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	ĺ	Well Integrity		
Subsequent Report	Casing Repair	New Construction	Recomplete	Ę	Other Csg, Cmt		
- Subsequent Report	Change Plans	Plug and Abandon	Temporarily Aba	ndon			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposal				
determined that the site is ready 12/27/08MI & spud 12 ½" hole. Circ 75 sks cement. Tested BOPI schematic attached. Drilled out w 01/11/09 TD'ed 8 ¾" hole @ 502 @ 12.5 /g w/2 04 yd. Tail with 5 pressure 1300# @ 3 BPM. Bump held OK. Set wellhead slips w/35 01/11/09Released rig at 7:00 pm Rig re/equed of testing with remedial	2. Ran 245' 9 5/8" 36# J55 LT& E to 2000# and annular to 1500 with 8 3/4" bit 125'. Ran 5025' 4 ½" 11.6# P11 500 sks Class H with additives. bed plug w/1665#. Ran temp su 5k.	#. At 11:30 am 12/29/0 0/J55 LT&C csg. Ceme Mixed @ 15.1 /g w/1.2 irvey indicating TOC at	8, tested csg to 1500# ented w/1000 sks BJ l 28 yd. Plug down @ 3 410'. At 3:00 am on	f for 30 mins, Lite Class C (200 am 01/11 01/11/09, test	held OK. Charts and 35:65:6) with additives. Mixed /09. Did not circ cement. Lift ed csg to 1665# for 30 mins,		
14. 1 hereby certify that the foregoing Name (PrintedlTyped)							
Signature A. L.	AND ARROWS THE RESIDENCE FRANCISCO CONTRACTOR OF THE PARTY OF THE PART	y Guye, Deputy Hield II CD-District II AR	Assessand - and supported a	ACCE	RIED:FORREGORD		
	THIS SPACE FO	DRIFEDERAL OR STA	ATE OFFICE USE		TOTAL DESIGNATION OF THE PARTY		
Approved by (Signature)		Nam (Prin	ne ted/Typed)	Т	itle N 2 3 2000		
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to c	al or equitable title to those rights		ce	W	Date NGRAM		
Title 18 U.S C Section 1001 and Tit States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, make it ent statements or representations as	t a crime for any person kn to any matter within its juri	owingly and willfully to	· · · · · · · · · · · · · · · · · · ·			





WELDING • BOP TESTING NIPPLE UP SERVICE • BOP LIFTS • TANDEM MUD AND GAS SEPARATORS

Lovington, NM • 575-396-4540

INVOICE

RE B 09745

Company 11/2 10 4 10 1 10 11			Date <i></i>	2 may 2 6 - 0 5	Start Time 🛷 🔑	□ am
Lease Superior H 3					County	
Company Man B 1/14				·		
Wellhead Vendor			Tester	14.505 71	ENT 5-43	
Drlg. Contractor					Rig #	4
Tool Pusher / sexistif						
Plug Type 2		Pli	ug Size/	<i>[</i>	Drill Pipe Size	17
Casing Valve Opened				Check Valve Open	State of the state	
ANNULAR 15 35 3 10 2 10 2 10 2 10 2 10 2 10 2 10 2 10	Rotatii	ng Head	$ \begin{array}{c} 24 \\ 22 \\ \end{array} $	19	17	
Check Valve 11	3 1 25	↑		21	18	16
TEST # ITEMS TESTED	TEST LENGTH	LOW PSI	HIGH PSI		REMARKS	
1 13,3,4,5	50/10	250	2000	NO TES	TUN WIGN	4/3/1
2 13, 86,	10/10	250	2000	Choke	5 Unlues	>
3 12,10,71	10/10	250	2000	-	- Loke	
4 15/10,7	9/10	250	1000	The fail	(1) K	,
5 Valle distant	10/10	250	1400		to the same of the	
6 19. Dart 11/11/11	10/10	150	2000			
7/8 TTW Value	14/10	150	2000			
8 95 96.	10/10	257	20/10	· · · · · · · · · · · · · · · · · · ·		
	- 11-	7	The start Cit is			
	,			f-		
	7				<u>, , , , , , , , , , , , , , , , , , , </u>	
,						× .
					· 10	
				,		1
	<u> </u>					
Mileage / / / @ / TOTAL / / / / / / / / / / / / / / / / / / /						

MAN WELDING SERVICES, INC.

Company of the same of the same	Date 11 - 12 / 12 / 12
Lease Manual Company	County / / / / /
Drilling Contractor	Plug & Drill Pipe Size

Accumulator Function Test - OO&GO#2

To Check - USABLE FLUID IN THE NITROGEN BOTTLES (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 1860 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 <u>Floo</u> 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 4/6 5 6 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}