Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
District I	Energy, Minerals and Natural Resources			October 13, 2009
1625 N French Dr., Hobbs, NM 88240 District II				WELL API NO. 30-015-37182
1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd , Aztec, NM 87410	1220 South St. Francis Dr.			STATE X FEE
District IV	Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505				K-4990-7
	CES AND REPORTS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				Apollo 22 State
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other RECEIVED				8. Well Number
2. Name of Operator				9. OGRID Number
Mewbourne Oil Company	DEC 1 5 2009		1 5 2009	14744
3. Address of Operator	NMOCD ARTESIA		ADTERIA	10. Pool name or Wildcat
PO Box 5270, Hobbs, NM 88241		MMOCI	JANIESIA	Avalon; Morrow (Gas) 70920
4. Well Location				
Unit Letter_F : 1980' feet from the North line and 1980' feet from the West line				
Section 22	Township		Range 27E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3269' GL				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON				RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN			_
DOWNHOLE COMMINGLE				
OTHER:		П	OTHER: Fra	C Morrow Perfs
	eted operations. (Clear	ly state all p		and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
12/08/09 Frac Morrow perfs at 10671' to 10927' with 1000 gals 7 ½% NeFe acid followed with 69,500 gals 40# 70Q Binary foam carrying 50,000# 18/40 Versaprop. PWOL.				
carrying 50,000# 10/40 Versaprop. 1 WOD.				
I hereby certify that the information a	bove is true and compl	ete to the be	st of my knowled	lge and belief.
	•		•	
SIGNATURE TOCK	Sathan TIT	ΓLE Hobb	s Regulatory	DATE12/14/09
Type or print nameJackie Lathan E-mail address:jlathan@mewbourne.com PHONE: 575-393-5905				
For State Use Only				
APPROVED BY:	TIT	LE	Godonst	DATE 13/17/09
Conditions of Approval (if any):			- my my s	