Form 3160-5 (September 2001)

(Continued on next page)

UNITED STATES

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N.M. DIV-Dist. 2

FORM
OMB N
OMB N
Expires: J
BUREAU OF LAND MANAGEMENT

Artesia, NM 882 D Lease Serial No.

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

SUNDRY NOTICES AND REPORTS ON WELLS

NMNM-33437

abandoned well. Use Form 3160-3 (APD) for such proposals.							6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side						7. If Unit or CA/Agreement, Name and/or No.				
l. Type of Well		YA. TANK	E 4745 Kurigar 40 mag ang ang ang	taro magazio e		25198				
☐ Oil Well ☐ Gas Well ☐ Other						8. Well Name and No.				
2. Name of Operator						Fren 8 Fe	Fren 8 Fed Com #7			
Mewbourne Oil Company 14744				RECEIVED 9. API Well No.						
Ba. Address 3b. Phone No. PO Box 5270 Hobbs, NM 88240 505-393-590 4. Location of Well (Footage, Sec., T, R., M., or Survey Description)			3b. Phone No. (include		code) AN 1 5 7004	30-015-33091				
)5-393 - 5905			10. Field and Pool, or Exploratory Area				
				OC	D-ARTESI	Shugart Strawn 11. County or Parish, State				
1650' FNL & 1980' FWL, Unit Letter F of Sec 8-T18S-R31E							Eddy County NM			
12. CHECK APP	PROPRIATE BOX(ES) TO	O IN	DICATE NATU	JRE O	F NOTICE, R					
TYPE OF SUBMISSION		TYPE OF ACTION								
	Acidize		Deepen	П	Production (Star	t/Resume)	Пи	/ater Shut-Off		
✓ Notice of Intent	Alter Casing		Fracture Treat	H	Reclamation	o Kesume)		ell Integrity		
	Casing Repair	\exists	New Construction		Recomplete			ther TD and T	OC	
Subsequent Report	Change Plans	Ħ	Plug and Abandon		Temporarily Ab	andon	G.1 0	12 1101		
Final Abandonment Notice	Convert to Injection	$\overline{\Box}$	Plug Back	ī	Water Disposal	4.10011	-			
sks cmt to pit. Cemented 2nd stage w	② 12.5 #/g w/ 1.94 cf/sk yd. ' //1150 sks 35:65:6 'H' Poz w/ /sk yd. Closed DV Tool w/33	Taile 'addit	d w/ 550 sks Clas ives. Mixed @ 1	s 'H' w/	additives. Mixe	ed @ 15.1 #/	/g w/ 1.2 100 sks PTED JAN	28 cf/sk yd. Cir Class 'H' neat. I FOR RECC - 9 2004	c 75 Mixed	
14. 1 hereby certify that the foregoin	or is two and correct					PE	LES	S BABYAK UM ENCINE	ER .	
Name (PrintedlTyped)	ig is true and correct					1				
NM Young				Hobbs D	istrict Manager					
Signature AM-Uve			Date (01/07/04	I					
	THISISPACE	FOR	FEDERAL OR	STATE	OFFICE USE					
Approved by (Signature)				Name (Printed/T	yped)		Title			
Conditions of approval, if any, are attached. Approval of this notice does not war certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations thereon.			es not warrant or the subject lease	Office		<u> </u>		Date		
Title 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraudule	tle 43 U.S.C. Section 1212, makent statements or representations	e it a	crime for any perso any matter within it	on knowi s jurisdio	ingly and willfully	to make to a	ny depar	tment or agency o	f the United	