Form 3160-5

STATES OPERATOR'S COPY UNITF

FORM APPROVED

September 2001)	EPARTMENT THE IN	OMB No. 1004-0135 Expires: January 31, 2004						
	BUREAU OF LAND MANAGEMENT				5. Lease Serial No.			
SUNDRY NOTICES AND REPORTS ON WELLS					NM-17095			
Do not use this form for proposals to drill or to re-enter an					6. If Indian, Allottee or Tribe Name			
abandoned we	ili. Use Form 3160-3 (APD)) for such p	roposais.					
	CANADA AND AND AND AND AND AND AND AND AN	112.0 meets 010. WA	Service Contract :	GARRIST TO .	7 If Linit or	CA/Agre	ement, Name and/or No.	
SIGNIE N. TREPLICATE SOMETIMS UNCLOSE OF TREVEISE SIDE						7.2		
l. Type of Well			LO ASSESSOR DE LA COMPANSION DE LA COMPA	AND THE STATE OF ANY	32776			
Oil Well Gas Well Other					8. Well Name and No.			
2. Name of Operator					Esperanza	Esperanza "1" Federal Com #2		
Mewbourne Oil Company 14744					9. API Wel	9. API Well No.		
3a. Address 3b. Phone No			lo. (include area	code)	30-015-33009			
PO Box 5270 Hobbs, NM 88240 505-393-5			05		10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)				Burton Flat Morrow				
					11. County or Parish, State			
660' FSL & 1550' FEL, Sec 1-T21S-R27E						Eddy County, NM		
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12. CHECK API	PROPRIATE BOX(ES) TO	INDICATI	NATURE (OF NOTICE, R	EPORT, OF	ROTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION							
	Acidize	Deepen Deepen		Production (Star	t/Resume)	☐ Wa	ter Shut-Off	
☑ Notice of Intent	Alter Casing	☐ Fracture	Treat	Reclamation		=	ll Integrity	
	Casing Repair	New Con		Recomplete			per Change Well Name	
Subsequent Report	Change Plans	Plug and	=	Temporarily Ab	andon		· · · · · · · · · · · · · · · · · · ·	
Final Abandonment Notice	Convert to Injection	Plug Bac		Water Disposal		_		
3. Describe Proposed or Complete	<u></u>							
testing has been completed. Findetermined that the site is ready Mewbourne Oil Company has a Esperanza "1" Federal #3.	, ,	e illed only etc	et all tedutemer	its, including recia	mation, nave t	een com	pieted, and the operator has	
	BY FIK	JECT TO E APPRO NMOCD	VAL		AL	N 14	VED 2004 BYAK ENGINEER	
14. 1 hereby certify that the foregoin Name (PrintedlTyped) NM Young	ng is true and correct		Title Wohl	ne Dietriet Manne				
/ ,/			MODE	s District Manag	Pot			
Signature 4. High		MANUS INVESTIGATION PARTY.	Date 01/13	/04	A. S.	· · · · · · · · · · · · · · · · · · ·		
6.47	HAT THIS SPACE	OR FEDER	AL OR STAT	E OFFICE USE				
Approved by (Signature)		· — — — —	Name (Printed	Typed)		Title		
Conditions of approval, if any, are certify that the applicant holds leg which would entitle the applicant to	e attached. Approval of this noticial or equitable title to those right conduct operations thereon.	ce does not we	rrant or Office ct 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.