

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
310 Old Santa Fe Trail, Room 206  
Santa Fe, New Mexico 87503

WELL API NO.  
30-015-24059

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B - 4456

7. Lease Name or Unit Agreement Name

State "BX" Comm.

8. Well No.  
1

9. Pool name or Wildcat  
Atoka

SUNDRY NOTICES AND REPORTS ON WELLS  
(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 PROPOSALS.)

1. Type of Well:  
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator  
Mewbourne Oil Company

3. Address of Operator  
P.O. Box 5270 Hobbs, New Mexico 88241

4. Well Location  
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line

Section 35 Township 17S Range 28E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3657' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Mewbourne Oil proposes to plug back to the Atoka formation as follows:

1. Set a CIBP @ 10,500'. Cap with 35' cement. Existing Morrow perforations are from 10,590' to 10,722'.
2. Perforate the Atoka formation from 10,208' to 10,219'.
3. Stimulate as necessary.

RECEIVED

MAR 31 1995

OIL CON. DIV.  
DIST. 2

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kelly Ryan TITLE District Manager DATE 3/28/95

TYPE OR PRINT NAME Kelly Ryan TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT OFFICIAL

APPROVED BY TIM W. GUM TITLE DISTRICT OFFICIAL DATE APR 4 1995

CONDITIONS OF APPROVAL, IF ANY: