Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-103
Revised 1-1-89

WELL API NO. 30-015-24059

5. Indicate Type of Lease STATE ■ FEE ☐

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

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.)

7. Lease Name or Unit Agreement Name: State "BX" Comm.

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

RECEIVED
JUN 21 1995
OIL CON. DIV.
DIST. 2

2. Name of Operator: Mewbourne Oil Company

8. Well No. 1

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

9. Pool name or Wildcat: Empire Atoka

4. Well Location
Unit Letter O : 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ■	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☐		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.

5/03/95 Set CIBP @ 10,510'. Cap w/35' cement PBTD 10,480.
5/04/95 Perforate Atoka Sand 10,208' - 10,214' 10,217' - 10,219' 32 holes.
5/05/95 2-3/8" N-80 tubing w/Otis packer set @ 10,119'.
5/07/95 Acidize w/1500 gal. 7% NE-FE w/N2.
5/09/95 Return to production.

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

SIGNATURE Robert G Jones TITLE Engineer DATE 6/15/95

TYPE OR PRINT NAME Rob Jones TELEPHONE NO. (505) 393-5905

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR TITLE DATE JUN 23 1995

CONDITIONS OF APPROVAL, IF ANY: