

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
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 27 '90

WELL API NO.

30-015-26252

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

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 7698, Tyler, Texas 75711

7. Lease Name or Unit Agreement Name

VOGEL

8. Well No.

9. Pool name or Wildcat

Und. Kennedy Farms Morrow

4. Well Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line

Section 14 Township 17S Range 26E NMPM Eddy County

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

3319.5' 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 JCB ☐

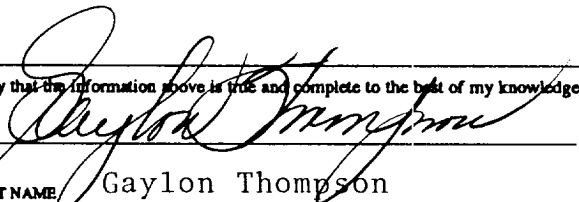
OTHER: Fracture Treat ☒

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.

7/31/90 - Halliburton foam-fraced Morrow perfs with 107 tons of CO₂
+ 280 bbls gelled 2% KCL water + 25,600# 20/40 Interprop.
Max PP 8800# @ 7.5 BPM. Min PP 8300# @ 8 BPM. AVG PP 8500#
@ 7.5 BPM. ISIP 3560#. In 5 mins 3150#. In 10 mins 3000#.
In 15 mins 2780#.

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

SIGNATURE



TITLE

Engr. Oprns. Secretary

DATE

7/22/90

TYPE OR PRINT NAME

Gaylon Thompson

(214) 561-2900

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY

MIKE WILLIAMS

SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

AUG 31 1990

CONDITIONS OF APPROVAL, IF ANY: